|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEN Support Plan** | | | | | |
| **Name:** | | **Plan Number:** | | **Plan Date:** | |
| **SEN Stage:** SEN Support | Statement | | EHCP | **EYFS/NC**  **Levels:** | |
| **People involved in setting the plan:** | | | | | |
| **Agreed Outcome 1:** | | | | | |
| **What can I do now?** | **What do I want to** | | **How will I achieve it?** | | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | | **DO** | | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | | *(Strategies and Resources)* | | *(Success and/or exit criteria)* |
|  |  | |  | | *Tick as appropriate and comment on progress towards target.*  *Not Met Partially Met*  *Fully Met Exceeded* |
| **Agreed Outcome 2:** | | | | | |
| **What can I do now?** | **What do I want to** | | **How will I achieve it?** | | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | | **DO** | | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | | *(Strategies and Resources)* | | *(Success and/or exit criteria)* |
|  |  | |  | | *Tick as appropriate and comment on progress towards target.*  *Not Met Partially Met*  *Fully Met Exceeded* |

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| **Agreed Outcome 3:** | | | | | |
| **What can I do now?** | **What do I want to** | | **How will I achieve it?** | | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | | **DO** | | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | | *(Strategies and Resources)* | | *(Success and/or exit criteria)* |
|  |  | |  | | *Tick as appropriate and comment on progress towards target.*  *Not Met Partially Met*  *Fully Met Exceeded* |
| **Agreed Outcome 4:** | | | | | |
| **What can I do now?** | **What do I want to** | | **How will I achieve it?** | | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | | **DO** | | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | | *(Strategies and Resources)* | | *(Success and/or exit criteria)* |
|  |  | |  | | *Tick as appropriate and comment on progress towards target.*  *Not Met Partially Met*  *Fully Met Exceeded* |
| **Plan Meeting** | | | | | |
| **Parent/Carer Sign:** | | **Setting Sign:** | | **Prop’d Review Date:** | |
| **Review Meeting** | | | | | |
| **Parent/Carer Sign:** | | **Setting Sign:** | | **Prop’d Review Date:** | |

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| --- | --- | --- | --- | --- |
| **Who Supports The Child & How Often** | | | | |
| Child’s Name: | | | | |
| Plan Number: | | | Plan Date: | |
| **Day** | **Type of Intervention/activity** | **Comment** | | **Total Hours/Day** |
| Monday |  |  | |  |
| Tuesday |  |  | |  |
| Wednesday |  |  | |  |
| Thursday |  |  | |  |
| Friday |  |  | |  |