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| **EARLY YEARS SEN SUPPORT PLAN** |

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| **Name of child:**  |  | **Date of birth:**  | **Xx/xx/xx** | **Year group/Room:** **Age in months:**  | **Yr X** |
| **Date this plan started:**  |  | **Date this plan to be reviewed:**  |  |

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| **Agreement of Support Plan** |
| **Teacher/SENCO signature:** |  | **Date:** |  | **Parent/Carer signature:** |  | **Date:** |  |

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| Aspirations/strengths/interests: | **Preparing for Adulthood Outcomes:** | **Achieved Yes/No** |
| **-** |  |  |
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| **Overview of needs:**  |

**Education:**

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| **Specific needs** | **What?****(including provision & resources)** | **Stage of provision** | **When?****(frequency, duration, group size)** | **By Whom?****(staffing requirements)** |
| 1. *Eg Cognition and Learning*

*Xxx has difficulty understanding instructions and what is asked of him**PLEASE DELETE WHEN COMPLETING* | *1a Adults to break down information presented to him using visual task cards to support processing skills and auditory working memory* *1b Allow time for Xxx to process instructions* | *additional**QFT* | *1a Daily within curriculum sessions as and when required 1:1 30 mins daily* *1b Daily within curriculum sessions as and when required 1:1* | *TA**Teacher/Key worker**TA* |
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**Health and or Social Care (delete if not appropriate):**

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| **Specific needs** | **What?****(including provision & resources)** | **Stage of provision** | **When?****(frequency, duration, group size)** | **By Whom?****(staffing requirements)** |
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**Review**

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| **Summary of discussion:** (To include pupil and parent/carer voice)  | **Recommendations of review meeting:** |  |
| **% Attendance:** | 1. **Support Plan to continue – new outcomes set**
 | **Y/N** |
| 1. **Support Plan to continue request EY SEND funding**
 | **Y/N** |
| 1. **EHC Assessment to be requested**
 | **Y/N** |
| 1. **SEN Support ceases (schools remove from SEN register)**
 | **Y/N** |
| **Teacher/SENCO signature:** |  | **Date:** |  | **Parent/Carer signature:** |  | **Date:** |  |
| **Does the child/young person have an Individual Health Care Plan? yes/no**  | **Does the child/young person have a Care Plan/PEP?**  **yes/no**  |