

SEND Support Plan

Child name:

Year Group:



	Autumn Term	Spring Term	Summer Term	Interim amendments
Review dates:				
Was the carer present?				
Attendance:				
If attendance is below 90% what are the factors affecting this?				

Professional Involvements including medical

Agency	Date carers agreed to referral	Date of referral	Date feedback received	Diagnosis or pending assessments

Social and Care needs

Social and Care needs			
Is the child accessing extra-curricular activities?	Yes/No	Is more help needed?	Yes/No

Area of Development	Long term aspirations of the child/carer	Assessment of strengths and needs Include specific data and description	Agreed Outcomes (SMART targets- specifically what we want the child to achieve and by when)	Provision that is additional to and different from their peers (what is it, how often and who is responsible?)
Cognition and Learning				
Communication and Interaction				
Social, Emotional and Mental Health				
Physical and Sensory				

Key:

Highlight colour according to term **Autumn** / **Spring** / **Summer**

No highlight- Ongoing

Italics- Carer views

Underlined- Agency recommendations