



EARLY YEARS SEN SUPPORT PLAN

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

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

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

Education:

Specific needs	What? (including provision & resources)	Stage of provision	When? (frequency, duration, group size)	By Whom? (staffing requirements)
<p>1. <i>Eg Cognition and Learning</i></p> <p><i>Xxx has difficulty understanding instructions and what is asked of him</i></p> <p>PLEASE DELETE WHEN COMPLETING</p>	<p>1a <i>Adults to break down information presented to him using visual task cards to support processing skills and auditory working memory</i></p> <p>1b <i>Allow time for Xxx to process instructions</i></p>	<p><i>additional</i></p> <p><i>QFT</i></p>	<p>1a <i>Daily within curriculum sessions as and when required 1:1 30 mins daily</i></p> <p>1b <i>Daily within curriculum sessions as and when required 1:1</i></p>	<p><i>TA</i></p> <p><i>Teacher/Key worker</i></p> <p><i>TA</i></p>

Health and or Social Care (delete if not appropriate):

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

Review

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