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| **EARLY YEARS SEN SUPPORT PLAN** |

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| **Name of child:** | **Xxx** | | **Date of birth:** | **Xx/xx/xx** | **Year group:**  **Age in months:** | **Yr X** |
| **Date this plan started:** | | **Sep 23** | | **Date this plan to be reviewed:** | **Dec 23** | |

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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** | |
| **-**Xxx is a very happy little boy who is determined in everything he does.  -He enjoys exploring the resources both indoors and outdoors but particularly likes the outdoors.  -He enjoys sensory experiences particularly touch and feel. | * Xxx will use gestures to choose between two toys. |  | |
| * Xxx will engage in an adult led activity for 4 mins. |  | |
| * Xxx will recognise when he is feeling angry. |  | |
| * Xxx will be able to take turns with a peer during an activity or game for 2 mins. |  | |
| * Xxx will put his coat on when asked to do so by an adult. |  | |
| * Xxx will jump with two feet together. |  | |
| **Overview of needs:**  Xxx was diagnosed with Autism in September 2020 from the SCAT Team. He has difficulty maintaining focus and attention. He prefers to follow his own agenda of flitting between different areas of the room and investigating objects for short periods. He struggles to follow instructions. Xxx has limited speech and delayed social skills Xxx struggles to express himself. He sometimes can become very upset and frustrated when he cannot make his needs known. Xxx shows limited awareness of danger. Xxx has limited self-care and independence skills. | | |

**Education:**

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| **Specific needs** | **What?**  **(including provision & resources)** | **Stage of provision** | **When?**  **(frequency, duration, group size)** | **By Whom?**  **(staffing requirements)** |
| 1. Cognition and Learning   Xxx has difficulty understanding instructions and what is asked of him | 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  OAP | 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 |
| 1. Cognition and Learning   Xxx has difficulty complying during a work session for any more than a 3 min task per session | 2a Adult support to facilitate Xxx’s access to resource packs  2b Supply Xxx with trays of interest | additional  OAP | 2a Daily within curriculum sessions as and when required 1:1 20 mins daily  2b Daily within curriculum sessions as and when required. | TA  Teacher/TA |
| 1. Communication and Interaction   Xxx has limited speech and struggles to effectively communicate with others. | 3a Adult led intensive interaction sessions  3b Illustrated topic word lists and support available when needed  3c Visual aids | additional  OAP  OAP | 3a Daily up to 15 mins 1:1  3b Daily within curriculum  3c Daily within curriculum | TA  Class Teacher/TA  Class Teacher/TA |
| 1. Social, Emotional and Mental Health   Xxx finds it difficult to understand and manage his emotions | 4a Adult to support Xxx with recommended activities and bespoke interventions: provide examples  4b Adult available to support Xxx to feel more confident and capable. | additional  OAP | 4a Daily 1:1 10 mins (50 mins per week)  4b 1:1 during the day as required | TA  All Staff |
| 1. Social, Emotional and Mental Health   Xxx finds it difficult to wait and take turns, interacting with one child during adult led game and follow a sequence | 5a. Emphasize on sharing across the day  5b. Adult modelling of turn taking games and responses and drawing them to his attention. | OAP  additional | 5a 1:1 during the day as required  5b 1:1 10 mins daily  (50 mins per week) | All Staff  Class Teacher/TA |
| 1. Sensory and Physical   Limited independence and self-care skills such as eating and drinking | 6a. Adult prompts at snack and lunchtime. | additional | 6a 1:1 10 mins (50 mins per week),  1:1 Lunchtime 30 mins daily (150 mins per week) | TA  Lunchtime Supervisor |
| 1. Sensory and Physical   Limited movement skills | 7a Adult facilitated gross motor intervention.  7b Trampette recommended by OT Sept 21, £150 | additional  additional | 7a 1:1 10 mins (50 mins per week),  7b. Not applicable | TA  Purchased with DAF |

**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** | | | | | |