 My SEN Support Plan

**Please insert your school logo**

**Photo**

**Name:**

**Date of Birth:**

**Year group:**

**Area(s) of need:**

**Outside professionals involved:**

**Start date of plan:**

**I find it hard when:**

**It helps me if you:**

**My family say about me:**

**Things I want you to know about me:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **What I can do now (Assess)** | **What I will be able to do (Plan)** | **Who and what will help me (Do)** | **How did I get on** **(Review)** |
| **Term 1** |   |  |  |  |
| **Term 2**  |  |  |  |  |
| **Term 3** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Moving on (transition)** | **Things that have worked and should continue:** | **Next steps to think about:**  |
|  |  |  |

**Access Arrangements** (e.g. scribe, extra time, reader)

**My signature**

**Parent /carer signature**

**Teacher signature**