**My SEND Support Plan** **(please complete all the sections in the boxes below)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:** | **Date of birth:** | **Child’s home language:** | **Date plan started:**  |
| **Review date:****Cycle****Cycle** |
| **Setting (s):****Key Person:** | **Days/Hours attending:** | **Parents/Carers name:****Signature:** |  **My Photo** |
| **Funded place:**2 yr old 3-4 yr old | **Early years pupil premium:** Y / N | **Looked after child:**Y / N |
| **Early Childhood Specialist** **Early support Pathway****SEN support****EHC request made****EHCP agreed** | **Early years SEND funding****DLA****DAF****EHCP** | **Professionals involved:** |

|  |  |
| --- | --- |
| **Assess** | **Assess** |
| **Things I enjoy at home and in the setting:****Cycle ?****Date ?****Changes to things I enjoy and can do** **You will only fill this section in after the first set of targets have been completed.**Cycle ?Date ?  | **My identified needs at home and in the setting:** **Cycle ?****Date ?****Changes to my identified needs:****You will only fill this section in after the first set of targets have been completed.** *Date ?* *Cycle ?* |
| **Outcomes – what I hope to be able to do in the next 12 months** | **Professionals involved and offering support:** |
| **Plan****Smart Target-What I would like to do next** |  **Do**  **Who can help me and how?** | **Review****Progress I have made.*****The review needs to link directly to the target*** |
| DateTarget 1 |  | Date ? |
| Date: Target 2 |  | Date |
| Date*Tar*g*et* 3 |  | Date |
| **Other things you can do to help me at home and in the setting:**  |

|  |
| --- |
| **Date:**  |
| **Plan****Smart Target-What I would like to do** **next** | **Do**  **Who can help me and how?** | **Review****Progress I have made.** |
| Cycle DateTarget 1 |  | Date  |
| DateTarget 2 |  | Date  |
| DateTarget 3 |  | Date |
| **Other things you can do to help me at home and in the setting:** |