Insert Photo

**SEN Support Plan**

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| **Name:** |  |
| **School:** |  |
| **Class:** |  |
| **DoB:** |  |

|  |
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| **Summary of difficulties:** |
| **Difficult area:** | **Key strategies:** |
| Cognition and learning  |  |
| Sensory and physical |  |
| Communication and interaction |  |
| Health and care |  |

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| **Additional strategies that help me:**  |
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| **Strengths and barriers:** |
| **Strength:** | **Barrier:** |

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| **Targets and Outcomes:** |
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| **What help will I get to achieve these** |
| **Who** | **When** | **How Often** |
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