Insert Photo

**SEN Support Plan**

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

|  |  |
| --- | --- |
| **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:** |

|  |
| --- |
| **Targets and Outcomes:** |
|  |

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| --- | --- | --- |
| **What help will I get to achieve these** | | |
| **Who** | **When** | **How Often** |
|  |  |  |
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|  |  |  |