**SEN Support Plan**

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| **Name:** |  | **Strengths:** | **Barriers:** |
| **Class:** |  |
| **Teacher:** |  |
| **DoB:** |  |
| **Assessment results:** | |

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| --- | --- | --- | --- | --- | --- |
| **Specific needs:** | **Description of child’s need:** | **Strategy:** | **Outcome:** | **Target:** | **Provision:** |
| Cognition and learning |  |  |  |  |  |
| Sensory and physical |  |  |  |  |  |
| Communication and interaction |  |  |  |  |  |
| Health and care |  |  |  |  |  |
| **Review:** | | | | | |