**SEN Support Plan**



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

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| **Assessment** | | |
| **Strengths** | | **Difficulties** |
| Cognition and Learning |  |  |
| Sensory and Physical |  |  |
| Communication and Interaction |  |  |
| Social, emotional and mental health |  |  |

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| **Strategies that help me in class:** |
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| **Planned long term (end of key stage) outcomes: (5 max)** |
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| **Planned short term targets to support progress towards outcomes** |
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| **Support and intervention planning** | | |
| **Who?** | **When?** | **How Often?** |
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|  |  |  |
|  |  |  |

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| --- | --- |
| **Review**  **Date:** | |
| Target | Progress |
|  |  |