**SEN Support Plan**

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| **Name:** | **DoB:** | **Class:** | **Tutor/teacher:** |
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| **Description of specific need:** |
| **Cognition and Learning:****Sensory and Physical:****Communication and Interaction:****Social emotional and mental health:****Health and Care:** |
| **Assessment results:** |
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| **Strengths:** | **Areas of need:** |
| **Academic:****Non-Academic:** | **Academic:****Non-Academic:** |

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| **Provision:** |
| **Whole Class:** | **Small Groups:** | **Individual:** |

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| **Outcomes:** |

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| **Outcome 1:** |
| **Who:** | **What:** | **Where** | **How Often:** |
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| **Outcome 2:** |
| **Who:** | **What:** | **Where** | **How Often:** |
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| **Outcome 3:** |
| **Who:** | **What:** | **Where** | **How Often:** |
|  |  |  |  |

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| **Outcome 4:** |
| **Who:** | **What:** | **Where** | **How Often:** |
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| **Termly Review:** |
| **Autumn:****Spring:****Summer:** |