**The purpose of this plan is to support planning for vulnerable pupils during this challenging time, best practice would be to do involve families and the young person where possible.**

**Please read this alongside any the guidance from the government.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Name:** | | **People contributing to the plan:** | **Date:** |
| **Pupil’s Views:** |  | | |
| **Parent/carer views:** |  | | |

**Risk Assessment – Consider potential and actual risk:**

| **Specific Concern/ Risk** | **Green** | **Amber** | **Red** | **Actions to reduce risk** | **In Place (Y/N)** | **Implications for opening the school and further action proposed** |
| --- | --- | --- | --- | --- | --- | --- |
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**Key Area to Consider:**

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| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |
| **Vision and Aims for Young Person** |  | | | | | |
| **Steps to Success** | | | | | | |
|  | **Aims** | **Actions** | | | **Review** | |
| **Week 1** |  |  | | |  | |
| **Week 2** |  |  | | |  | |
| **Week 3** |  |  | | |  | |
| **Week 4** |  |  | | |  | |
|  |  |  | | |  | |
|  | **Current Situation** | | | **Desired Outcome** | | |
| **Wellbeing**  **Support** |  | | |  | | |
| **Steps to Success** | | | | | | |
|  | **Aims** | **Actions** | | | **Review** | |
| **Week 1** |  |  | | |  | |
| **Week 2** |  |  | | |  | |
| **Week 3** |  |  | | |  | |
| **Week 4** |  |  | | |  | |
|  | **Current Situation** | | | **Desired Outcome** | | |
| **Curriculum Support** |  | | |  | | |
| **Steps to Success** | | | | | | |
|  | **Aims** | **Actions** | | | **Review** | |
| **Week 1** |  |  | | |  | |
| **Week 2** |  |  | | |  | |
| **Week 3** |  |  | | |  | |
| **Week 4** |  |  | | |  | |
|  | **Current Situation** | | | **Desired Outcome** | | |
| **Intervention Support** |  | | |  | | |
| **Steps to Success** | | | | | | |
|  | **Aims** | **Actions** | | | **Review** | |
| **Week 1** |  |  | | |  | |
| **Week 2** |  |  | | |  | |
| **Week 3** |  |  | | |  | |
| **Week 4** |  |  | | |  | |
|  | **Current Situation** | | | **Desired Outcome** | | |
| **EHCP Steps** |  | | |  | | |
| **Steps to Success** | | | | | | |
|  | **Aims** | **Actions** | | | **Review** | |
| **Week 1** |  |  | | |  | |
| **Week 2** |  |  | | |  | |
| **Week 3** |  |  | | |  | |
| **Week 4** |  |  | | |  | |
|  | **Current Situation** | | | **Desired Outcome** | | |
|  |  | | |  | | |
| **Steps to Success** | | | | | | |
|  | **Aims** | **Actions** | | | **Review** | |
| **Week 1** |  |  | | |  | |
| **Week 2** |  |  | | |  | |
| **Week 3** |  |  | | |  | |
| **Week 4** |  |  | | |  | |
|  |  | | |  | | |
| **Outside Agency Support or Involvement** |  | | | | | |
| **Steps to Success** | | | | | | |
|  | **Aims** | **Actions** | | | **Review** | |
| **Week 1** |  |  | | |  | |
| **Week 2** |  |  | | |  | |
| **Week 3** |  |  | | |  | |
| **Week 4** |  |  | | |  | |
| **Assessment Completed By:** | | | **Designation:** | | | **Date reviewed (week 1):**  **Date reviewed (week 2):**  **Date reviewed (week 3):**  **Date reviewed (week 4):** |