

# My Plan at SEN Support – Early Years

**Version Number:** 1

Picture

**Child’s Name:**

**Child’s Date of Birth:**

**Date My Plan at SEN Support started:**

**Date My Plan at SEN Support reviewed:**

**Part 1 - Personal Details**

**Child Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s first name** |  | | **Child's last name** | | |  | **Also known as (if applicable)** |  |
| **Date of Birth** |  | | **Year Group** | | |  | **Home Language(s)** |  |
| **Gender** |  | | **Ethnicity** | | |  | **Religion** |  |
| **Address** | |  | | | | | **Postcode** |  |
| **UPN Number** | |  | | | | | **NHS Number** |  |
| **GP Name** | |  | | | **GP Contact Details** | |  | |
| **Is the child looked after by a local authority?** | | | | **If YES please give the name of the local authority** | | | **Social Care Involvement?** | Yes / No |
| Yes / No | | | |  | | | **Name of Social Worker** |  |

**Parent / Carer Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of parent(s)/ carer/those with parental responsibility** |  | | **Relationship to child** |  |
| **Address (if different from above)** |  | | **Postcode** |  |
| **Tel Number** |  | **Email address** |  | |
| **Do parents need support in accessing information?** | Yes / No (if yes please give details about support offered) |  | | |

**Setting Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current setting(s) name & address** |  | **Tel Number** |  |
| **SENCo / Inclusion Manager / SEND Lead** |  | **Email Address** |  |
| **Date of Admission** |  | **Sessions / Attendance** |  |

**Information about all involved with the child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person and post held | **Address, Office Number and Email** | **Most recent involvement**  **-Date**  **-Type of involvement**  **-Level and frequency of support** | **Report attached**  **(please tick)** | **Attendance at SEN support**  **meeting**  **(please tick)** |
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**Part 2 – One page profile**

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| One Page Profile  (template only, please use own version if needed) |

|  |
| --- |
| What people like and admire about me |
|  |

Child’s photo or chosen photos

*(Please ensure photo shots of other children/young people are not shown in this photo)*

|  |
| --- |
| What is important to me |
|  |

|  |
| --- |
| What is important for me / the best way to support me |
|  |

|  |
| --- |
| My hopes and wishes |
|  |

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| --- |
| **Part 3 - Parent / Carer's Views** (continue on a separate sheet if necessary) |
| |  | | --- | | **What are the hopes and aspirations for your child?** | |  |  |  | | --- | | **Your child now** (what do they enjoy, what are their strengths, what do they find difficult; this may include information about relationships, friendships, how they communicate, comments about their level of independence, personal care or any other aspects of their lives you feel are important) | |  |  |  | | --- | | **What is working well and what can be challenging** (how do you support your child, how best to communicate, what works best, what could improve) | |  |  |  | | --- | | **Are there any other comments you wish to make?** | |  |   How was this section completed? i.e. parents with support from another professionals or parents independently. - |

**Part 4) Assessments / Progress** **Date progress tracker completed:**

The statutory **EYFS** requires Early Year’s Practitioners to review and monitor children’s progress within the EYFS. The tracker is directly linked to the **EYFS Learning and Development Outcomes.** Have the full **EYFS Outcomes** in front of you (don’t guess them) and it should be based on **observations** and the picture of the child’s learning and development **over time**. Settings should **not test** the child. **Always** start with **Birth to 11 months** (whatever the age or stage of child). Read the **Area of Learning and Development and Aspect statements** and complete as follows:

* **Blank Box** – If child is not yet emerging in any of the behaviours leave the box blank.
* **Emerging** – If fewer than 50% of the behaviours in each band are demonstrated then mark **E** for Emerging.
* **Developing** – If 50% or more behaviours in the band are demonstrated, but not fully then mark **D** for Developing.
* **Secure** – If all behaviours are demonstrated consistently and are evidenced through observation over time then mark **S** for secure.

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| **Name of child:**  **DOB:**  **Age in months:** | | | **Age/Stage of Development** | | | | | | | | | |
| **0-11 months** | **8-20**  **months** | | **16-26**  **months** | **22-36**  **months** | **30-50**  **months** | | **40-60+**  **months** | **ELG**   * **Tick to indicate** | |
| Expected | Exceeding |
| **Prime Areas of Learning** | | |  |  | |  |  |  | |  |  |  |
| **Personal, Social and Emotional Development** | **Making relationships** | |  |  | |  |  |  | |  |  |  |
| **Self-confidence and self-awareness** | |  |  | |  |  |  | |  |  |  |
| **Managing feelings and behaviour** | |  |  | |  |  |  | |  |  |  |
| **Communication and Language** | **Listening and attention** | |  |  | |  |  |  | |  |  |  |
| **Understanding** | |  |  | |  |  |  | |  |  |  |
| **Speaking** | |  |  | |  |  |  | |  |  |  |
| **Physical Development** | **Moving and handling** | |  |  | |  |  |  | |  |  |  |
| **Health and self-care** | |  |  | |  |  |  | |  |  |  |
| **Specific Areas of Learning** | | |  |  | |  |  |  | |  |  |  |
| **Literacy** | **Reading** | |  |  | |  |  |  | |  |  |  |
| **Writing** | |  |  | |  |  |  | |  |  |  |
| **Mathematics** | **Numbers** | |  |  | |  |  |  | |  |  |  |
| **Shape, space and measure** | |  |  | |  |  |  | |  |  |  |
| **Understanding the World** | **People and communities** | |  |  | |  |  |  | |  |  |  |
| **The world** | |  |  | |  |  |  | |  |  |  |
| **Technology** | |  |  | |  |  |  | |  |  |  |
| **Expressive Arts and Design** | **Exploring and using media and materials** | |  |  | |  |  |  | |  |  |  |
| **Being imaginative** | |  |  | |  |  |  | |  |  |  |
| **E – Emerging** | | **D-Developing** | | | **S-Secure** | | | | * **- ELG Expected/ Exceeding** | | | |

Name and role of professional that has completed progress tracker -

Attendance at setting over the last 3 months (%) -

**Assessments / Progress** **Date progress tracker completed:**

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| **Name of child:**  **DOB:**  **Age in months:** | | | **Age/Stage of Development** | | | | | | | | | |
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| Expected | Exceeding |
| **Prime Areas of Learning** | | |  |  | |  |  |  | |  |  |  |
| **Personal, Social and Emotional Development** | **Making relationships** | |  |  | |  |  |  | |  |  |  |
| **Self-confidence and self-awareness** | |  |  | |  |  |  | |  |  |  |
| **Managing feelings and behaviour** | |  |  | |  |  |  | |  |  |  |
| **Communication and Language** | **Listening and attention** | |  |  | |  |  |  | |  |  |  |
| **Understanding** | |  |  | |  |  |  | |  |  |  |
| **Speaking** | |  |  | |  |  |  | |  |  |  |
| **Physical Development** | **Moving and handling** | |  |  | |  |  |  | |  |  |  |
| **Health and self-care** | |  |  | |  |  |  | |  |  |  |
| **Specific Areas of Learning** | | |  |  | |  |  |  | |  |  |  |
| **Literacy** | **Reading** | |  |  | |  |  |  | |  |  |  |
| **Writing** | |  |  | |  |  |  | |  |  |  |
| **Mathematics** | **Numbers** | |  |  | |  |  |  | |  |  |  |
| **Shape, space and measure** | |  |  | |  |  |  | |  |  |  |
| **Understanding the World** | **People and communities** | |  |  | |  |  |  | |  |  |  |
| **The world** | |  |  | |  |  |  | |  |  |  |
| **Technology** | |  |  | |  |  |  | |  |  |  |
| **Expressive Arts and Design** | **Exploring and using media and materials** | |  |  | |  |  |  | |  |  |  |
| **Being imaginative** | |  |  | |  |  |  | |  |  |  |
| **E – Emerging** | | **D-Developing** | | | **S-Secure** | | | | * **- ELG Expected/ Exceeding** | | | |

Name and role of professional that has completed progress tracker -

Attendance at setting over the last 3 months (%) -

**Part 5) Assess -** Please describe the child’s strengths and needs. It is important to be specific about the **type and severity of need.** This information should be supported by the relevant evidence in relation to SEN, for example existing evidence of assessments or diagnosis.

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| --- | --- | --- | --- | --- | --- |
| **Broad Area of Need** | **Strengths** | **Needs** | | | |
| **Communication and interaction**  To be completed in all cases | **Describe strengths and needs from assessment tools and reports; this should give an indication of severity, frequency and impact.** | | | | |
|  | |  | | |
| **Type of assessment / observation and carried out by:** | | | | | **Date** |
|  | | | | |  |
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| **Broad Area of Need** | **Strengths** | **Needs** | | | |
| **Cognition and learning**  To be completed in all cases | **Provide evidence of any assessments (COEL/Leuven scales) supporting an indication of current attainment and cognitive strengths/weaknesses and impact.** | | | | |
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| **Type of assessment / observation and carried out by:** | | | | **Date** | |
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| **Broad Area of Need** | **Strengths** | **Needs** | | | |
| **Social, emotional and mental health**  To be completed in all cases | **Provide evidence of strengths and need based on evidence of assessments; the following examples of measures/audits should be also attached:**  **Incident Logs / Frequency Charts / Structured Observations / Thrive** | | | | |
|  | |  | | |
| **Type of assessment / observation and carried out by:** | | | | | **Date** |
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| **Broad Areas of Need** | **Strengths** | **Needs** | | | |
| **Sensory, medical and/or physical needs**  To be completed if relevant | **Relevant professional reports should be referenced for example care plans, manual handling plans, HI/VI assessments. Summary below should summarise strengths and needs (as relevant) and indicate severity, frequency and impact)** | | | | |
|  | |  | | |
| **Type of assessment / observation and carried out by:** | | | | **Date** | |
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**Part 6) Plan and Do: Targets (short term) - Set 1** ~~-~~ Please record strategies and support which you are planning to put in place. It is expected targets are reviewed every 6 weeks in line with the graduated approach.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date Targets Set** | **Short term agreed target**  *(must be linked to assessed need and help achieve agreed outcomes)* | **What will the setting do?** | **Whole class** | **Small group** | **Individual** | **How often / How long** *(Frequency)* | **Review by when?**  **(Date)** |
| **1)** |  |  |  |  |  |  |  |  |
| **2)** |  |  |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |  |  |

**Target reviews (1)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Review Date** | **How has the support helped me?** | **What are the next steps for me?**  *(continue targets, new targets or adapt targets)* |
| **1)** |  |  |  |
| **2)** |  |  |  |
| **3)** |  |  |  |
| **4)** |  |  |  |
| **5)** |  |  |  |

**Plan and Do: Targets (short term) Set 2**~~-~~ Please record strategies and support which you are planning to put in place. It is expected targets are reviewed every 6 weeks in line with the graduated approach.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date Targets Set** | **Short term agreed target**  *(must be linked to assessed need and help achieve agreed outcomes)* | **What will the setting do?** | **Whole class** | **Small group** | **Individual** | **How often / How long** *(Frequency)* | **Review by when?**  **(Date)** |
| **1)** |  |  |  |  |  |  |  |  |
| **2)** |  |  |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |  |  |

**Target reviews (2)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Review Date** | **How has the support helped me?** | **What are the next steps for me?**  *(continue targets, new targets or adapt targets)* |
| **1)** |  |  |  |
| **2)** |  |  |  |
| **3)** |  |  |  |
| **4)** |  |  |  |
| **5)** |  |  |  |

**Part 7 – Outcomes (long term).** An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be specific, measurable, achievable, realistic and time bound (SMART). When agreeing outcomes, it is important to consider both what is important *to* the child– what they themselves want to be able to achieve – and what is important *for* them as judged by others with the child best interests at heart. Outcomes are usually set out for what can be achieved by the end of a phase of education**.**

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| --- | --- | --- |
| **Outcomes (what I want to achieve)** | **By when** | **Impact**  **(Why? What will be different?)** |
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**Part 8 – Review of Plan**

**Action plan**

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| --- | --- | --- |
| **Action** | **By whom** | **By when** |
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**Date plan agreed:**

**Date plan to be reviewed:**

Please note a copy of this form must be given to the parent/carer together with all supporting reports and assessments.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents/Carers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Setting Leader

**SEN SUPPORT REVIEW INFORMATION**

The vast majority of children with SEND will have their needs met within local mainstream early years’ settings. The SEN support review process is an essential element of that provision.

Where a child is identified as having SEND, actions should be taken to remove barriers to learning. Educational settings should put effective SEN provision in place.

This SEN support should take a form of **ASSESS – PLAN – DO – REVIEW cycle**. It represents a graduated approach and allows for:

* Growing understanding of the child needs
* Decisions and actions to be revisited, refined and revised
* Ensuring that the SEND support secures educational progress and agreed outcomes.

The My Plan at SEN Support Plan should help to guide parents, child and practitioners through the review process and address all aspects of a child’s life. It incorporates holistic and person-centred principles and approaches.

How to carry out a good quality SEN Support review:

* Make sure meetings are arranged well in advance and the right people are invited **🗸**
* Give parents and children the right information before the review meeting so that they have time to prepare**🗸**
* Make sure that person centred approach, tools and principles are used throughout the process**🗸**

For more detailed guidance on SEN Support please refer to the SEND Code of Practice 0-25:

Please also refer to the B&NES graduated approach webpages ([link](https://www.rainbowresource.org.uk/pages/0-5-years/education/early-years-sen-support/bath-and-north-east-somerset-universal-and-sen-support-graduated-response-draft)) for further advice and guidance.