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| Part 1: Who am I and what’s in my plan?1.1 Who I am |
| I like to be known as:  |
|  |
| My personal detailsMy first name: My surname: My date of birth: My address:  |
| My educationCurrent educational setting: Current year group: Next key transition point: Date of next transition:  |
| My planMain point of contact for this plan: Email address: Phone number: Date of this plan: Plan to be reviewed on:Date of 1st My Support Plan:  |

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| 1.2 What’s in my plan?  |
|  | Plan page no. | Date completed |
| **Part 1: Who I am and what’s in my plan**completed by child/young person |
| 1.1 Who I am – the front cover of my plan |  |  |
| 1.2 What’s in my plan – contents page |  |  |
| 1.3 About me – my views, interests and hopes for the future |  |  |
| **Part 2: Information gathered by me and my family**completed by child/young person and their family |
| 2.1 What my family thinks is important to and for me |  |   |
| 2.2 Relevant history  |  |   |
| 2.3 My family and significant people in my life |  |   |
| 2.4 Key information for looked after children / young people |  |   |
| **Part 3: Information about my special educational needs**gathered and updated by the educational setting |
| 3.1 Special educational needs (SEN) |  |   |
| 3.2 Educational attainment and progress |  |   |
| 3.3 Special educational provision |  |   |
| 3.4 Education and learning history |  |   |
| **Part 4: Information about health and social care needs related to by special educational needs**provided by health and social care professionals |
| 4.1 Health needs |  |   |
| 4.2 Health provision |  |   |
| 4.3 Social care needs |  |   |
| 4.4 Statutory social care provision |  |   |
| 4.5 Additional social care provision |  |   |
| **Part 5: Information shared and agreed at my meeting**completed/finalised by educational setting after review meeting |
| 5.1 My review contribution |  |   |
| 5.2 My family’s review contribution |  |   |
| 5.3 Contributions from people who support me |  |   |
| 5.4 Views shared at my meeting |  |   |
| 5.5 Agreed outcomes |  |   |
| 5.6 Agreed actions |  |   |
| 5.7 Review record |  |   |
| **Part 6: Relevant advice and information that supports my plan**provided by advice-givers  |
| 6.1 Additional information |  |   |

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| 1.3 About me – my views, interests and hopes for the future |
| This section completed/updated on:  |
| Have you filled in this section independently? Yes/NoIf NO, who has supported this contribution?Name:Relationship/role:How has this contribution been supported? |
| What I’m good at, interested in and enjoy: |
| What’s important to me in the future – my longer term hopes and dreams: |
| Important information you need to know about me: |
| What helps me to communicate, and make my own choices and decisions: |
| What helps me to learn, be independent, play, enjoy my leisure time, spend time with friends and keep healthy? |

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| Part 2: Information gathered by me and my family2.1 What my family thinks is important to and for me |
| This section completed/updated on:  |
| Contributed by:  |
| What our child is good at, interested in and enjoys: |
| What’s important for our child in the future – our longer term hopes and dreams: |
| Important information you need to know about our child: |
| How to support our child to communicate, make choices and be involved in decision making: |
| What helps our child to learn, be independent, play, enjoy leisure time, spend time with friends and keep healthy? |
| Additional information: |

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| 2.2 Relevant history |
| This section completed/updated on:  |
| Contributed by:  |
| Relevant history:  |

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| 2.3 My family and significant people in my life |
| This section completed/updated on:  |
| **Parent contact details 1** |
| Relationship: First name: Surname: Address: Telephone 1: Telephone 2:Email: How do you wish to receive information? Email / Letter |
| **Parent contact details 2** |
| Relationship: First name: Surname: Address: Telephone 1: Telephone 2:Email: How do you wish to receive information? Email / Letter |
| **Who our child lives with** |
| **Name** | **Relationship** | **Additional information** |
|  |  |  |
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| **Other people you need to know about** |
| **Name** | **Relationship** | **Additional information** |
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| **People who can provide support and information** |
| **Name and role** | **Information/supportthey can provide** | **Contact detailsEmail/address and phone** |
| GP | Information and advice about primary health care |  |
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| 2.4 Key information for looked after children/young people |
| This section completed/updated on:  |
| Is the child/young person Looked After (by the local authority)? Yes/No |
| Named social worker: Legal status: Voluntary agreement with parents (part 20)(Delete as applicable) Interim care order (part 38) Full care order (part 31) Emergency protection order (part 44) |
| Name of person with legal responsibility: Who should educational reports be sent to? Who should day-to-day information be sent to? Who will attend education meetings? Who will give permission for school trips/work experience? Are there any special home–school transport arrangements? Who will fund school trips, etc? Are there any other important issues regarding care? Who should school contact in an emergency?  |
| Care placements | Length of stay | Date from | Date to |
|  |  |  |  |

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| Part 3: Information about my special educational needs3.1 Special educational needs |
| This section completed/updated on: |
| Broad areas of need identified through the coordinated assessment:Communication and interaction Yes/NoCognition and learning Yes/NoSocial, emotional and mental health difficulties Yes/NoSensory and/or physical needs Yes/No |
| Description of special educational needs and disabilities (SEND) on school census or ILR: *(please identify one primary need and one secondary need)*Specific Learning Difficulty Primary Need / Secondary NeedModerate Learning Difficulty Primary Need / Secondary Need Severe Learning Difficulty Primary Need / Secondary Need Profound and Multiple Learning Difficulty Primary Need / Secondary Need Social, Emotional and Mental Health Primary Need / Secondary Need Speech. Language and Communication Need Primary Need / Secondary Need Hearing Impairment Primary Need / Secondary Need Visual Impairment Primary Need / Secondary Need Multi-Sensory Impairment Primary Need / Secondary NeedPhysical Disability Primary Need / Secondary Need Autism (including Aspergers Syndrome) Primary Need / Secondary Need Other Difficulty / Disability Primary Need / Secondary Need  |
| Details of any specific diagnosis, and who has made this diagnosis: |
| Relevant descriptors from City of York SEN Banding documents: |
| Specific identified need | Brief details of strength and needs |
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| 3.2 Educational attainment and progress |
| This section completed/updated on:  |
| **Current educational attainment and evidence of educational progress** |
| Where screenshots or records are inserted here, information should be clearly referenced by source and date. A sentence explaining what the inserted data shows, in regards to expected levels and expected progress, should also be included: |

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| 3.3 Special educational provision |
| This section completed/updated on:  |
| Provision is funded within CYC SEN banding threshold:  |
| **Special educational provision** |
| Strategies and key approaches | Specific identifiedneeds this supports |
| *
 |   |
| Equipment and resources | Specific identifiedneeds this supports |
| *
 |   |
| Weekly timetable to support provision for academic year: *(please add date)* |
|      |
| Does the school receive pupil premium funding for the child/young person? Yes/NoIf YES, how is the pupil premium being used to support the child/young person’s learning?  |

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| 3.4 My education and learning history |
| This section completed/updated on:  |
| Educational settings/schools attended (including current provision) | Date from | Date to |
|   |   |   |
|  |  |  |
| **Attendance** |
| Academic year | Attendance percentage |
|   |   |
|  |  |
| **Exclusion** |
| Type of exclusion | Date effective | Duration (if fixed-term) |
|   |   |   |
| **Work experience and work related learning undertaken**Relevant for Year 9 students and above. You can additionally note in the first column where placements were particularly successful, or if a student found that this type of work was not suited to them |
| What | Where | Date from | Date to |
|   |   |   |   |
| **Link courses attended**Relevant for Year 9 students and above. |
| What | Where | Date from | Date to |
|   |   |   |   |

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| Part 4: Information about health and social care needs related to by special educational needs4.1 Health needs |
| This section completed/updated on:  |
| Name of health professional who has provided this information: Date of contribution: Does the child/young person have assessed health needs?  |
| What goal/outcomeis to be achieved? | Assessed health needs | Who assessed the need | Date assessed |
|  |  |  |  |

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| 4.2 Health provision |
| This section completed/updated on:  |
| Name of health professional who has provided this information: Date of contribution: Does the child/young person have an Individual Health Care Plan? Yes/NoDate of Individual Health Care Plan: Details of Individual Health Care Plan:Where a child or young person has an Individual Health Care Plan (including health care plans for those children or young people who are Looked After) it should be clearly referenced here and appended in part 6 of the My Support Plan. |
| **Health provision recommended to meet assessed need** |
| Type of support/‌provision and dates | Frequency of support/‌provision | Who is responsible for delivery of provision | Outcome |
|  |  |  |  |

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| 4.3 Social care needs |
| This section completed/updated on:  |

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| Name of social care professional who has provided this information: ...Date of contribution: ...Has a Family Early Help Assessment (FEHA)/CAF been made? Yes/No |
| Does the child/young person have any assessed social care needs? Yes/No |
| Identified needs/area of eligible need | Outcome | Date assessed |
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| 4.4 Statutory social care provision |
| This section completed/updated on:  |

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| Name of social care professional who has provided this information: Date of contribution: Is social care support provided to meet the child/young person’s assessed need which would come under statutory section H1 of a EHCP? Yes/No |
| Identified needs/area of eligible need | Action to bringabout change | Who will do what? | When will it happen? |
|  |  |  |  |

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| 4.5 Additional social care provision |
| This section completed/updated on:  |
| Name of social care professional who has provided this information: ...Date of contribution: Is social care support provided to meet the child/young person’s assessed need which would come under statutory section H2 in an EHCP? Yes/No |
| Identified needs/area of eligible need | Action to bringabout change | Who will do what? | When will ithappen by? |
|  |  |  |  |

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| Part 5: Information shared and agreed at my meeting5.1 My review contribution |
| This section completed/updated on:  |
| Have you filled in this section independently? Yes/NoIf NO, who has supported this contribution?Name: Relationship/role: How has this contribution been supported?  |
| What have been the highlights in the last year?  |
| What do you want to be able to do in the next 3–5 years?  |
| What support is working well for you? |
| What would you like to do, learn or achieve in the next year?  |
| Thinking about what you want to do, what would help you? This could be activities, equipment, adult support or the way people work with you. |
| Is there anything else you would like to say?  |

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| 5.2 My family’s review contribution |
| This section completed/updated on:  |
| Contributed by:  |
| What have been the highlights in the last year?  |
| What do you want for your child in the next 3–5 years? Are the long term goals/outcomes in the plan still appropriate? |
| What support is working well? |
| Planning short term outcomes for the coming year - are there specific things you would you like your child to do, learn or achieve? |
| Is there anything that you would like to be added or changed in your child’s plan to help meet their needs? This could be activities, equipment, adult support or the way people work with your child. |
| Is there anything else you would like to say?  |

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| 5.3 Contributions from people who support me |
| This section completed/updated on:  |
| Views contributed by: Role: |
| Date of contribution:  |
| What have been the highlights in the last year?  |
| What’s important in the next 3–5 years? Are the long term goals/outcomes still appropriate? |
| What support is working well? |
| Planning short term outcomes for the coming year - are there specific things you would you like the child/young person to do, learn or achieve? |
| Is there anything that you would like to be added or changed in the child/young person’s plan to help meet their identified needs? E.g. specific provision, strategies, approaches, resources and activities. |
| Is there anything else you would like to say?  |

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| 5.4 Views shared at my meeting |
| This section completed/updated on:  |
| What have been the highlights in the last year?  |
| At the last review, this is what we planned for the child/young person to do or learn:  | How did the child/young person get on and did it make a difference?  |
| Actions agreed at last review:  | Were the actions completed and effective?  |
| What’s important in the next 3 to 5 years? Are these priorities reflected in the long term goals/ outcomes?  |
| What support/provision is working well?  |
| Are there plans in place to support independent travel?  |
| What does everyone want the child/young person to do learn or achieve in the coming year? |
| What specific provision needs to continue, changed or be put in place to support identified outcomes?  |
| Other matters discussed  |

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| 5.6 Agreed outcomes |
| This section completed/updated on:  |
| **Need 1:**  |
| **Long Term Goal (3-5 years):** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 2:**  |
| **Long Term Goal (3-5 years):** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 3:**  |
| **Long Term Goal(3-5 years):** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 4:**  |
| **Long Term Goal(3-5 years):** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| Add more outcomes as needed |

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| 5.6 Agreed actions |
| This section completed/updated on:  |
| Who? | What will they do? | When? | How will things improve things for me or my family? |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |

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| 5.6 Review record |
| Review meeting date:  |
| During this meeting, we reviewed:Education Yes/NoShort breaks provision (<100 hours per year) Yes/NoCare plan (LAC) Yes/NoPEP Yes/NoChild in Need plan Yes/NoAdult social care plan Yes/No |
| Meeting chaired by: Role:  |
| Who was invited to the review? | Role | Attended | How have they contributed? |
|   | Child/young person | Yes/Apologies |   |
|   | Parent(s) | Yes/Apologies |   |
|   |   | Yes/Apologies |   |
| Following this meeting, a request is made for the My Support Plan:The decision of this meeting is: * for coordinated SEN support to continue to be planned and reviewed through a My Support Plan
* to make a request to the local authority for a statutory Education, Health and Care Needs Assessment
* for coordinated SEN support to be discontinued

Delete as applicable  |

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| 6.1 Additional advice and information |
| This section completed/updated on:  |
| Document title | Written/provided by | Where is this document held? | Date |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |