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| **APPENDIX 2** | | | | | | |
| **EYFS SEN Support Plan** | | | | | | |
| SEN Support Plan No: Date: | | | | Present at meeting: | | |
| Child’s Name: DOB: | | | | Days/Sessions Attending: | | |
| Setting/School: | | Professionals Involved: | | | Funding (where applicable) 1B 1C EHCP | |
| **Primary Area of Need (circle where applicable)** | | | | | | |
| Social, Emotional & Mental Health | Communication & Interaction | | Cognition & Learning | | | Physical and / or Sensory |
| **Current Assessment of development (circle where applicable)** | | | | | | |
| Communication & Language ARE | Personal, Social & Emotional ARE | | Physical ARE | | | Sensory Needs yes / no |
| **L&A&U** Below Working Towards AT  Where Below, approx. age in months: | **SR&MS** Below Working Towards AT  Where Below, approx. age in months: | | **FMS** Below Working Towards AT  Where Below, approx. age in months: | | | Self-care Needs yes / no |
| **Speaking** Below Working Towards AT  Where Below approx. age in months: | **BR** Below Working Towards AT  Where Below approx. age in months: | | **GMS** Below Working Towards AT  Where Below approx. age in months: | | | Care Plan yes / no |
| **Current Assessment of The Childs Needs** | | | | | | |
| What Am I doing well? | | | What do I need help with? | | | |
| At the setting  At home | | | At the setting  At home | | | |

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| **PLAN TO SUPPORT THE CHILD** | | | | | | | |
| **Long term OUTCOME**  (What will I achieve in 12 months) | **TARGET**  (What will I achieve in the next 6-12 weeks) | | **Professional**  **Recommendation** | **How the target will be achieved** | **Provision mapping/ Ordinarily available -**  Support towards long term outcome | | **Review of target** |
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| SENCO signature | | | | Parent Signature | | Date signed: | |
|  | | | |  | |  | |
| Date of next review | |  | | | | | |

We may need to share information about your child with other professionals or services, so they can work with us to provide the support that your child needs. We will ensure that you are aware of the reasons why we are sharing the information and who we are sharing the information with. Please sign above to confirm that you give your agreement for information to be shared in this manner