|  |  |  |  |
| --- | --- | --- | --- |
| **Child / young person details** | | | |
| **Full Name** | **Date of Birth** | **Current Education Setting** | **Current Attendance %** |
|  |  |  |  |

**Personal Details**

|  |
| --- |
| Date MSP started: |

|  |  |  |
| --- | --- | --- |
| **Parent/carer details** | | |
| **Full Name** | **Telephone number** | **Relationship to child / young person** |
|  |  |  |
|  |  |  |

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| --- | --- | --- | --- | --- |
| **Professional Involvement – please detail any advice/guidance school have received** | | | | |
| **Name** | **Contact Details** | **Summary of involvement including any reports (please attach)** | **Date involvement started** | **Date involvement ceased (if applicable)** |
|  |  |  |  |  |
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| --- |
| This section completed/updated on: |
| How have my views been gathered: |

**All About Me – One Page Profile**

I want you to know that…

What is important to me …

Photo or representation

When you talk to me…

When I communicate with you…

What people like / admire about me …

How you can support or help me …

My favourite things/ I really like…

My hopes and dreams/ aspirations…

Things I don’t like / my fears or worries …

My strengths and talents…

**The Families Views**

Important information about my child………

|  |
| --- |
| This section completed/updated on: |
| **How have views been gathered:** |

Our aspirations for *childname* ……..

How best to communicate and engage my child in decision making……..

What my child needs help with ……..

What my child likes and is good at ……..

**The child or young person’s special educational needs (SEN)**

|  |  |
| --- | --- |
| **Summary of the child or young person’s special educational needs (SEN)** | |
| **Cognition & Learning** (Strengths and Needs) |  |
| **Speech, Language & Communication**  (Strengths and Needs) |  |
| **Social, Emotional & Mental Health**  (Strengths and Needs) |  |
| **Hearing, Vision & Physical**  (Strengths and Needs) |  |

**Outcomes and Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Number:** | By the end of…….. | | | |
| **Area of need this relates to** | Education & training  Health  Care | ☐  ☐  ☐ | Cognition & Learning  Speech, Language & Communication  Hearing, Vision & Physical  Social & Emotional  Developing Independence | ☐  ☐  ☐  ☐  ☐ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Number:** | By the end of…….. | | | |
| **Area of need this relates to** | Education & training  Health  Care | ☐  ☐  ☐ | Cognition & Learning  Speech, Language & Communication  Hearing, Vision & Physical  Social & Emotional  Developing Independence | ☐  ☐  ☐  ☐  ☐ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Number:** | By the end of…….. | | | |
| **Area of need this relates to** | Education & training  Health  Care | ☐  ☐  ☐ | Cognition & Learning  Speech, Language & Communication  Hearing, Vision & Physical  Social & Emotional  Developing Independence | ☐  ☐  ☐  ☐  ☐ |

|  |  |  |
| --- | --- | --- |
| **Special educational provision** | | |
| **Intervention** | **Delivered by** | **Frequency and duration** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Adaptations, reasonable adjustments, environmental adaptations** | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **What difference is the provision making?** | | | |
| **Date** | **What provision is working well?** | **What’s not working well?** | **Next steps / actions** |
|  |  |  |  |
|  |  |  |  |
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| --- | --- | --- |
| **Additional information/reports –** include any health or care needs e.g. diagnosis, care plans etc | | |
| **Report** | **Provided by** | **Date provided** |
|  |  |  |

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| --- | --- | --- | --- |
| **Agreement of the My Support Plan** | | | |
| * I agree this plan and accept its contents as accurate and appropriate. * I understand the information shared will only be used for the purpose of my support. * I understand sharing information in this way will be in line with and subject to data protection legislation. * I understand if I do not give permission this may impact on the support needed being co-ordinated appropriately. | | | |
| Is this plan to step down to a One Page Profile | | |  |
| Are there any changes to the My Support Plan  **If yes, the plan should be amended before it is shared** | | |  |
| All in agreement to maintain the My Support Plan and indicate any next steps | | |  |
| **Signatures (*include parent/carer signature*):** | | | |
| **Name** | **Role** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
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