|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Additional information/reports –** include any health or care needs e.g. diagnosis, care plans etc | | |
| **Report** | **Provided by** | **Date provided** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 amendments to be made 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Guidance Notes**

**Professional involvement**

Document the date involvement started and date when ceased. For all professionals log and add visit records/reports from any direct involvement.

For WISENDSS/EPS if discussed anonymously at planning meeting please indicate. If being monitored at planning meeting but no direct work being done please state.

**One Page Profile (OPP)**

This section should be completed wherever possible with the child/ young person (CYP). Best practice would be to involve their parents/ carers. Once complete the OPP should be shared with the parents/ carers, CYP and staff who work/ are involved with them. The OPP can be personalised. It can be completed as text or visually (eg. Mind map, photos) and must represent the views of the child/ young person. Any method can be used to gather this.

You can use existing/ adapted versions of the OPP, but it should be reviewed at each key phase change as a minimum. Any new information needs to be added and any old information deleted.

If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.

**Families Views**

This section should be completed by the family either independently or with support from a key worker. It can be completed as text or visually (eg. Mind map, photos). Keep the important information key points over the last 2/3 yrs, along with significant and relevant health / social care information.

**CYP SEN needs**

This section should describe the child / young person’s Educational **Strengths** and **Needs**. Include at least one strength to start the section. It should include details of what the child/young person enjoys. It should detail any impact on learning. It should provide information from the education setting with support from advisory services.

If the child/young person **does not** present with a special educational need relating to one of the specific areas of need **please leave box blank**.

**All areas** should focus on developing Independence including preparation for adulthood.

**Outcomes and Provision**

There should be a range of outcomes over varying timescales, covering education, health and care as appropriate. Outcomes can be short or longer term dependent on what you are initially using the MSP to support. We would suggest 3 – with a maximum of 5 outcomes to be an appropriate amount. If different professionals are adding outcomes, discuss how these may be combined.

What will the child or young person be able to do differently in the future and what difference will it make in their life eg:

*By the end of……..XXX will be able to…….so that they can……..*

You can/ should attach any Supporting Me to Learn Plan (SMTLP) or Assess, Plan, Do, Review process (APDR) document to evidence this.

**Provision**

Interventions can be recorded in one block for the outcomes, particularly if some overlap. However, you can use the boxes and put interventions per outcome if you feel this is more relevant.

Adaptations, reasonable adjustments and environmental adaptations can be listed in the last part of the box.

**Review/ What difference is the provision making**

Date and summarise each review and add any monitoring documents. Please give a brief description of how the child/young person has responded to these interventions Again progress to be reviewed and updated at My Support Plan meetings may also include reviewed ADPR, SMTLP.

**Agreement**

Indicate if the plan is to step down to OPP, maintain at MSP or if you have discussed agreed / submission for an EHCP.