School’s SEN Support Plan

{Child’s name} and {DOB}

SEN support plan

Date of initial plan: {date here}

{picture of interest}

This document is designed to be a support plan for an individual child. It can be built on as the child moves through the academic year, with a new document being built for each new academic year. Specialist teachers can have input directly into the document with other services providing input as their report system allows. The document remains a school document, with school using it as an opportunity to record the plan for individual children. It will be used to begin initial conversations with the Specialist Teaching Team, with both EHCNA and High Needs Top Up Funding requests being based on the use of this document. Part of the initial conversations with parents will confirm that they are happy for the information to be shared with all relevant parties, with them signing below to agree consent for the SEND team’s involvement, if required.

This template has been produced by Milton Keynes Council Inclusion Specialist Teaching Team, ownership of the document remains with parents/carers and the child/ young person’s school.



**Child’s views – please include your school document here that shows the child’s views. This can be the ‘One page profile’ that you use in school**.

This should include areas such as:

· The things they would want us to know

· How best to communicate with them

· What people like about them and what they feel they are good at

· What is important to them/their aspirations for the future

· Things that they feel are going well for them

· Things that they feel are hard for them

*(Please indicate when completed by the young person or if the information is from observations and/or interviews)*

**Parent/carer views - ‘Tell Your Story Once’**

• This document should be completed by setting staff and parents, as part of a conversation. It can be shared across professionals to enable them to input into the child’s support. It can only be shared with parental permission

**Chronology of important/significant events in your child’s life**

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| --- | --- |
| Date | Event |
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**Family details**

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**Health**

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**Child’s education history**

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| --- | --- | --- |
| **School or setting name** | **Date (From/To)** | **Additional Support?** |
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**Previous professional involvement**

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| *Has your child had previous involvement from an EP or other health/educational professional e.g. Speech and Language Therapist, Specialist Teacher (including Teacher of the Deaf, Qualified Teacher for Vision Impairment, Teacher for Multi-Sensory Impairment), Paediatrician, Occupational Therapist, Physiotherapist, Social Worker, CFP, CAMHS, other organisations etc.? What was the outcome/impact of involvement? Is anyone currently involved?* |

**Any other relevant information** – please state below

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**Signed by parent/carer: Date:**

**Name of person completing form: Date:**

**Name of editor: Date:**

**Summary of Needs**

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**Background and summary of Special Educational, Health and Social Care needs**

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| *Any diagnosis given*  *Under any investigations?*  *Any Social Care involvement?*  *Summarise main area of need / difficulties*  *When did needs become evident?*  *Home / school presentation* |

It may not be appropriate or relevant to set an outcome for each area, however it prompts a review of each area and the opportunity to acknowledge relevant information. A detailed timetable may be attached to show provision.

Please remember that as a school you are responsible for the first 12.85 hours or £6,000 for each child’s additional needs. This level of support should be shown below through the help needed and also within the attached timetable.

Please detail the reasonable adjustments to enable access, FACT cycles, Ordinarily Available Provision (QFT) implemented, targeted work programmes implemented and their outcomes.

Any funding decisions will be recorded here to show amount, dates of award and what it is to be used for. This would include any funding for equipment or training. School remains responsible for the checking that any money has been received and for the purchasing of equipment.

**Funding decisions**

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**Communication and Interaction (EYFS: Communication and Language)**

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**What can I do well and what have I achieved so far? Consider the reasons behind this and plan to build on it?**

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**What do I find difficult?** *Consider the reasons behind this and plan to overcome it.*

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**What help do I need to support my communication and interaction skills?** *including provision, strategies and resources. Please refer to the Ordinarily Available Provision document for schools* [Ordinarily Available Provision School Age.pdf](https://www.mksendlocaloffer.co.uk/sites/default/files/2024-11/Ordinarily%20Available%20Provision%20School%20Age.pdf)

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**Short term outcomes for Communication and Interaction**

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| Outcome:  Set by:  Date set:  Help needed:  Date of Review:  Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary.  Outcome:    Set by:  Date set:  Help needed:  Date of Review:  *Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary.* |

**Cognition and Learning/Play (EYFS- Literacy, Maths, KUW, EAD)**

**What can I do well and what have I achieved?** *Consider the reasons behind this and plan to build on it?*

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**What do I find difficult?**

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| *Consider the reasons behind this and plan to overcome it.*  *Be specific about what the challenges are, and what they need support to do*  *You can add comments/observations by professionals here, too.* |

**What help do I need to support my cognition and learning?** *(including provision, strategies and resources. Please refer to the Ordinarily Available Provision document for schools* [Ordinarily Available Provision School Age.pdf](https://www.mksendlocaloffer.co.uk/sites/default/files/2024-11/Ordinarily%20Available%20Provision%20School%20Age.pdf)

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**Short term outcomes for Cognition and Learning:**

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| Outcome:  Set by:  Date set:    Help needed:  Date of Review:  Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary.  Outcome:  Set by:  Date set:  Help needed:  Date of Review:  Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary. |

**Social, Emotional and Mental Health**

**What can I do well and what have I achieved?** *Consider the reasons behind this and plan to build on it?*

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**What do I find difficult? Consider the reasons behind this and plan to overcome it.**

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**What help do I need to support my social, emotional and mental health development?** *including provision, strategies and resources. Please refer to the Ordinarily Available Provision document for schools* [Ordinarily Available Provision School Age.pdf](https://www.mksendlocaloffer.co.uk/sites/default/files/2024-11/Ordinarily%20Available%20Provision%20School%20Age.pdf)

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**Short term outcomes for Social, Emotional and Mental Health**

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| Outcome:  Set by:  Date set:    Help needed:  Date of Review:  Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary.  Outcome:  Set by:  Date set:  Help needed:  Date of Review:  Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary. |

**Sensory and / or Physical**

**What can I do well and what have I achieved? Consider the reasons behind this and plan to build on it?**

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**What do I find difficult?** *Consider the reasons behind this and plan to overcome it.*

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**What help do I need to support my sensory/physical development?** *including provision, strategies and resources. Please refer to the Ordinarily Available Provision document for schools* [Ordinarily Available Provision School Age.pdf](https://www.mksendlocaloffer.co.uk/sites/default/files/2024-11/Ordinarily%20Available%20Provision%20School%20Age.pdf)

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**Short term outcomes for Sensory/physical**

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| Outcome:  Set by:  Date set:    Help needed:  Date of Review:  Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary.  Outcome:  Set by:  Date set:  Help needed:  Date of Review:  Review outcomes as: 0 – no progress 1- partially achieved 2- achieved 3- exceeded 4- outcome not implemented, including a summary. |

**Pupil Assessment and Tracking** – please add school data. Use school tracking system (target tracker, EYFS document etc.). Please provide an explanation of descriptors to allow comparison against year group expectations.

**School explanation of descriptors**

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**Additional Information**

**Have you used the Ordinarily Available Provision document to consider needs and plan for them?** If not, please do so

**Detailed timetable** – what happens when and why?

**ABCD behaviour log** – what has happened as a result of the behaviour – use these to look at what has happened, explore the reasons why and adjust provision as a result. The ABCD log is a short term provision and would only be used – typically this would be no more than 6 weeks and no less than 2 weeks

**PBS documents** – if staff are trained/using these

**One page profile** - must be included

**When did the SENCo last observe the child and what happened as a result of this?**

**Have you had a consultation with an outside agency? How have the strategies impacted on the child?**

**Have you contacted the SEND Support line? What was the outcome of any recommendations?**

**If an academy chain** – what support has been given by the specialists already available to you? How has this impacted?

**FACT documents** – if not appropriate please explain why and if strategies from the document have been used to support

**SALT support** – if not accessed please explain how any potential communication difficulties have been explored

**High Needs Top-Up Funding**

Any funding will be based on the information contained within an individual’s SEN support plan. Specialist teachers will discuss with the school if funding is recommended and bring their recommendations back to a weekly discussion amongst the members of I&A, SEMH, Sensory – ICT, SEND and Finance teams. You would then be informed if funding has been agreed and for how long.

Any equipment funding will also be via the use of this support plan for children without an EHCP; the specialist teacher report can be attached detailing the equipment being requested.

The decision will take into account the **schools notional budget** and **trigger point** of EHC plans that should be reached before which additional funding will be discussed.

It is only in exceptional circumstances funding would be awarded if the trigger point is not reached. This includes funding for equipment. Funding is awarded based on school circumstances and the child’s level of need; funding does not automatically transfer if a child moves school.

Any funding awarded may form part of wider group funding across the school. It is widely recognised that full time 1-1 support is often not the best way to support a child as it can result in dependence on the adult, rather than support independence. Funding may be awarded to support training, or to purchase resources for school.

The use of any funding will be audited through the support process; it can be removed if not used to support the child as detailed.

Funding is awarded as a short term intervention and cannot be relied upon to support staffing needs.

**Please note anything shown on this page is for the use of the SEND teams and school and will not be shared with parents or carers.**

**School name:**

**SEN Notional budget and trigger point:** (Please note this runs in line with the financial year)

**Number of EHCP’s in school:**

Summer Term:

Autumn term:

Spring Term:

*Please include the names of any children that are being included in a group funding application. (Permission for the sharing of names would be given as parents would have agreed to our involvement)*

**Child’s name: DOB:**

**Child’s name: DOB:**

**Parent/Carer consent for SEND Services Involvement**

Milton Keynes SEND Services aim to provide effective support to children and young people in the right way and at the right time. For this to happen, informed consent to become involved with the support of any child/young person until they are 16 years old is legally required.

This consent must come from the person(s) with legal parental responsibility for the child/young person.

After their 16th birthday, young people, in conjunction with their parent/carers, need to give their permission for SEND Services to work with them.

This consent form is designed to give all teams within Milton Keynes SEND Services parent/carer permission to:

· Work with your child/young person

· Collect, store, discuss and share their information as appropriate in line with General Data Protection Regulations (GDPR)

If your child has had their 16th birthday, both you and they need to sign this form giving consent to involvement from SEND Services.

As part of our processes, SEND Services reports and/or records of involvement are shared with school/setting and parent/carer (and young person if over 16 years old).

If you would like to discuss any issues about our involvement before completing this consent form, please do not hesitate to contact us **(SENDsupport@milton-keynes.gov.uk or 01908 657825).**

**Date of request:**

**Name of child/young person:**

**DOB:**

**Year Group:**

**School / Setting:**

**Main school contact/SENCo:**

**School/Setting Contact telephone number:**

**School/Setting Contact email:**

**For parents/carers:**

**·** I give permission for the involvement from SEND Teams to work with my child/young person.

· I give permission for information to be collected, stored, discussed and shared with relevant partners to enable SEND Teams to support the work they do with me and my child/young person. This means that my information may be shared with: Health Services including CAMHS; Social Services including Children and Family Practices, Social Care and/or YOT; SEND Services including Children with Disabilities Team; Inclusion Specialist Teaching Team; EHC Specialist Teaching Team; and Educational Psychology Service; Children’s Centre/Setting/School and/or other relevant parties as appropriate.

· I understand that I may withdraw my consent for SEND Teams to work with my child/young person at any time.

· I understand that my consent is assumed to be ongoing unless I indicate in writing that I am withdrawing my consent for involvement from SEND Services.

· I understand that information from these discussions will be stored on the MKC SEND Team secure database for future reference and that this information is available to me upon request.

**Parent/Carer Signature: Date:**

**Parent/Carer name (print):**

**Relationship to child/young person:**

**Parent/Carer phone number:**

**Parent/Carer email:**

*(Please advise SEND Services if parental responsibility changes)*

**For young people over 16 years old:**

**·** I give permission for SEND Teams to work with me.

· I give permission for information to be collected, stored, discussed and shared with relevant partners to enable SEND Teams to support the work they do with me. This means that my information may be shared with: Health Services including CAMHS; Children and Adult Social Services including Children and Family

· Practices, Social Care and/or YOT; SEND Services including Children with Disabilities Team; Inclusion Specialist Teaching Team; EHC Specialist Teaching Team and Educational Psychology Service; Setting/School and/or other relevant parties as appropriate.

· I understand that I may withdraw my consent for SEND Teams to work with me at any time.

· I understand that my consent is assumed to be ongoing unless I indicate in writing that I am withdrawing my consent for involvement from SEND Services.

· I understand that information from these discussions will be stored on the MKC SEND Team secure database for future reference and that this information is available to me upon request.

**Young Person Signature: Date:**

**Young Person name:**

**Young Person phone number:**

**Young Person email:**