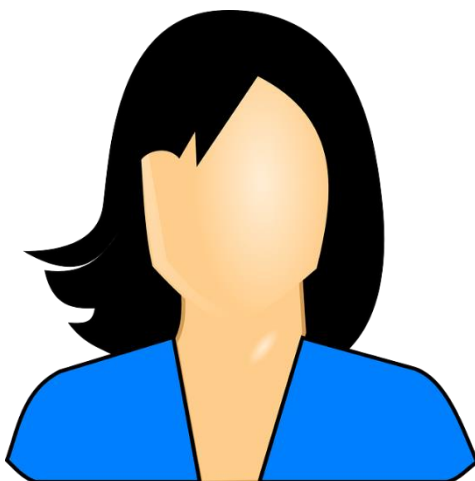


# My SEND Support Provision Plan



**Name:**

**Date of Birth:**

**Plan No:**

**Date Plan Started:**

**To be reviewed:**

**PART A: SEND SUPPORT**
**This is important information about me**

First name:	Address and Postcode:
Preferred name:	
Family Name:	
Ethnicity:	Gender M/F
Religion:	
*NHS Number:	*Impulse Number:
*Care First Number	*UPN:
*To be completed if appropriate	

**Details of all persons with parental responsibility**

Name:	Address and Postcode:
Telephone:	
Email:	
Relationship to child:	
Name:	Address and Postcode:
Telephone:	
Email:	
Relationship to child:	

**Details of the Plan Coordinator**

<b>Name:</b>	<b>Work Place Address and Postcode:</b>
<b>Agency/Setting</b>	

<b>Telephone Number:</b>	
<b>Email Address:</b>	

**All About Me – My Story (Historical – Key Facts)**

--

All About Me - My Current Profile		
<b>My Name is:</b>	<b>Profile No:</b>	<b>Date:</b>
Photo:	What people like about me and what I can do well:	
My Story – What has been happening recently?	What is important to me now and in the future?	
My parent (s) carer(s) hopes and aspirations for me now and in the future:	Preparation for adulthood:	
My Current Needs – how best to support and communicate with me:		
Access Arrangements:		
Things that I like ☺	Things that I don't like ☹	
These are some of the important people in my life:	Other things to know about me:	
Current Targets – Please see – EY SEN Support Target Sheet/ITP/IEP/Intervention Records. (See Appendices for Examples)		

**PART B: Multi-Agency SEND Support Plan**

Date of Plan:

Date of Review:

**People Involved in Actively Contributing to this plan**

Name	Role/Agency/Service	Co-Author Y/N	Present at Review Y/N

**Broad Areas of Educational Concern – Identified on the CRISP record**


**Arrangements for Reviewing the SEN Support Plan**

Does the plan need to be reviewed in conjunction with any other plan? Yes/No  
 e.g. Care Plan (LAC), Continuing Care Plan (Health) or Adult Care Plan

Please state:

To complete after review meeting: Decision at review	Indicate
Pupil requires SEND Support	
Pupil continues to need a SEND Support Provision Plan (EY - 'SEN and Early Support Plan') with additional funding	
The pupil placement is no longer able to meet need	

**Priority Area One:** (Please state which area of Preparation for Adulthood the need relates to; Employment, Independent Living, Community Inclusion, Health)

**Strengths and Skills**

**Special Educational Needs**

**Outcomes**

**Additional Provision**

**Review**

What provision is required to meet the outcome -  
 Specifics on what, when, how often who

Consider the progress  
 towards to the outcomes

**Long Term Outcomes**

**Education**

Achieved/Partly  
 Achieved/Not Achieved

**Over the next 12 months:**

Curriculum

Staffing

Resources

Environment and Equipment

Comment:

	<b>Health Care</b>	
	<b>Social Care</b>	
<b>Review Provision</b>		
<b>What's Working</b>		
<b>What Needs to change</b>		

**Priority Area Two:** (Please state which area of Preparation for Adulthood the need relates to; Employment, Independent Living, Community Inclusion, Health)

**Strengths and Skills**

**Special Educational Needs**

**Outcomes**

**Additional Provision**

**Review**

What provision is required to meet the outcome -  
 Specifics on what, when, how often who

Consider the progress  
 towards to the outcomes

**Long Term Outcomes**

**Education**

Curriculum

Staffing

Resources

Environment and Equipment

Achieved/Partly  
 Achieved/Not Achieved

Comment:

**Over the next 12 months:**

**Health Care**



	<b>Social Care</b>	
<b>Review Provision</b>		
<b>What's Working</b>		
<b>What Needs to change</b>		

**Priority Area Three:** (Please state which area of Preparation for Adulthood the need relates to; Employment, Independent Living, Community Inclusion, Health)

**Strengths and Skills**

**Special Educational Needs**

**Outcomes**

**Additional Provision**

**Review**

What provision is required to meet the outcome -  
 Specifics on what, when, how often who

Consider the progress  
 towards to the outcomes

**Long Term Outcomes**

**Education**

Achieved/Partly  
 Achieved/Not Achieved

**Over the next 12 months:**

Curriculum

Staffing

Resources

Environment and Equipment

Comment:

	<b>Health Care</b>	
	<b>Social Care</b>	
<b>Review Provision</b>		
<b>What's Working</b>		
<b>What Needs to change</b>		

**Priority Area Four:** (Please state which area of Preparation for Adulthood the need relates to; Employment, Independent Living, Community Inclusion, Health)

**Strengths and Skills**

**Special Educational Needs**

**Outcomes**

**Additional Provision**

**Review**

What provision is required to meet the outcome -  
 Specifics on what, when, how often who

Consider the progress  
 towards to the outcomes

**Long Term Outcomes**

**Education**

Achieved/Partly  
 Achieved/Not Achieved

**Over the next 12 months:**

Curriculum

Staffing

Resources

Environment and Equipment

Comment:

	<b>Health Care</b>	
	<b>Social Care</b>	
<b>Review Provision</b>		
<b>What's Working</b>		
<b>What Needs to change</b>		

<b>Mainstream Settings Only</b>	
CRISP completed and agreed with outside agencies	Yes/No
Funding Over £6,000 Indicated on CRISP	Yes/No
If you have indicated 'no' to any of the above please indicate the reason here:	

<b>Use of Top Up Funding</b>
<b>Review: Impact</b>

<b>Additional Information</b> (within the previous 18 months)	<b>Date</b>	<b>Attached</b>
Pupil Views		Yes/No
Parent/Carer Views		Yes/No
Parental Consent (Appendix One)		Yes/No
CRISP Assessment Record		Yes/No
Attendance Record		Yes/No
School/Setting Tracking Information		Yes/No
School/Setting Attainment Information		Yes/No
Outside agency information – Education EP/PSS/CAT/PDSS/SS (as appropriate)		Yes/No
Evidence of Assess, Plan, Do, Review cycle, e.g. Target Plans, review meeting notes.		Yes/No
Declaration/Confirmation of Outside agency involvement (Appendix Two)		Yes/No

<b>Further Information – to be attached if relevant</b>	<b>Date</b>	<b>Attached</b>
Outside agency report – Health		Yes/No
Outside agency information – Social care		Yes/No
Birmingham Toolkit Information		Yes/No
PEP/LAC Plans (If necessary and appropriate to share. Please ensure specific permission is granted to share these as they may contain sensitive information.)		Yes/No
Health Care Plan		Yes/No
<b>Other Information in support of the application (please list)</b>		

# Appendices



**Appendix One**  
**Parental Consent for Information to be shared at local area panel meeting**

<b>Name of child/young person</b>		<b>Date of birth</b>
<b>Home address</b>	<b>Post code:</b>	
<b>Name(s) of parent/carer</b>		<b>Parental responsibility Yes/No</b>
		<b>Parental responsibility Yes/No</b>
<b>Others with parental responsibility?</b>	<b>Yes/No</b>	<b>Name</b>
		<b>Address</b>

**CONSENT**

By signing this form you agree that Birmingham City Council (BCC) can share confidential information about your child at a local area panel meeting. You understand that the information generated through the work of this panel, will be shared in accordance with BCC's Information Sharing Protocols with professionals or organisations that:-

- are already involved with your child or young person;
- the local area panel consider necessary, in order process the application for enhanced provision

The paper and electronic records used during, or created for this application will be kept safe and destroyed in accordance with BCC's policies. Please note that you are entitled to request a copy of the information that BCC holds about you or your child; for more information, contact BCC's Information Governance Team at;

Performance and Information (WS) , PO Box 16366, Birmingham, B2 2YY

Tel: 0121 303 4876

email: [foi\\_mailbox@birmingham.gov.uk](mailto:foi_mailbox@birmingham.gov.uk)

<b>Parent/carers (Please print name)</b>		
<b>Signature</b>		
<b>Date</b>		
<b>Child or young person (Please print name)</b>		
<b>Signature</b>		<b>Date:</b>

## Appendix Two

### Declaration/Confirmation of Outside Agency Involvement

Information about Child/Young Person	
First Name:	DOB:
Family Name:	
Information about the Outside Agency	
Name:	Agency

- \_\_\_\_\_ has been known to the service since \_\_\_\_\_ and there has been active involvement since \_\_\_\_\_ .
- I have contributed to the recent CRISP profile, dated \_\_\_\_\_
- The setting has implemented advice/strategies that I have provided as part of the graduated approach of assess/plan/do/review cycles.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix Three

Examples of SEN Support Paper work which could be used to evidence the graduated approach

- A) Early Years SEN Support: Target Sheet
- B) Intervention Monitoring Sheet – 1
- C) Intervention Monitoring Sheet - 2
- D) SEN Support Termly Review Meeting