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| **Extended SUPPORT PLAN** |

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| **Child’s history and background** | | |
| **Child’s history - up to beginning in an educational setting (pre-natal, developmental)** | | |
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| **Date** | **Event/professional involvement/advice/intervention** | **Next steps/action taken by school** |
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| **Aspirations**  **What would make the biggest difference to you as a family?** |
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| **Aspirations, Hopes, Wishes and Dreams for the future** |
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| **Locality SEND support** | Has the child been discussed at a Stage 1 locality meeting? | Yes/No  Outcomes and actions |
| Dates: |  |
| Has the child been in receipt of high needs funding (element 3 top up funding)? |  |
| Dates i.e. academic year/ date of application for additional funding. | 22-23 |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | SSG need levels | 1a | 1b | 2a | 2b | 3a | 3b | 4a | 4b | 4c | 4d | |  |  |  |  |  |  |  |  |  |  | | | |

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| Year dates: 2023 - 2024  Academic Year: Y  **Support Plan to be re-set each year and reviewed termly with annual outcomes.** |

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| **Outcome 1 for this year:** |  | | |
| Steps to meet the outcome: |  | | |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  | | |

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| **Outcome 2 for this year:** |  | | |
| Steps to meet the outcome: |  | | |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  | | |

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| **Outcome 3 for this year:** |  | | |
| Steps to meet the outcome: |  | | |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  | | |

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| **Agreed Actions following Review**  You should record any actions that people supporting the child / young person and their family need to undertake following the meeting. These should address issues identified in the ‘Person Centred discussion – what needs to change’ part of this report. It should be used as a starting point to assess progress in future meetings | | |
| **Who?** | **What will they do?**  Highlighted text = completed action | **By when?** |
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| **Information about Annual Health Checks for people with a learning disability age 14+ and why they are so important has been shared to:**  [Annual Health Checks for Young People with Learning Disabilities | Sheffield (sheffielddirectory.org.uk)](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sheffielddirectory.org.uk%2Flocaloffer%2Fannual-health-checks-for-young-people-with-learning-disabilities%2F&data=05%7C01%7CNatasha.Raj%40sheffield.gov.uk%7Cf7b0a2d5883c471c49d408dad9cdcc5c%7Ca1ba59b9720448d8a3607770245ad4a9%7C0%7C0%7C638061775169613195%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=HSHwv32cyxySLzdc%2B5R%2FDnCnRz%2F34L2dd0UTvxzauW0%3D&reserved=0)  www.sheffielddirectory.org.uk | | |

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| **Progress Review Term 1** | | | | | |
| **Date:** | | **What’s working** | | **What’s not working / Barriers to achievement** | **Next Steps:** |
| Child View | |  | |  |  |
| Parent View | |  | |  |  |
| School View | |  | |  |  |
| Practitioners Views (include who) | |  | |  |  |
| **What support do we need to include towards the next transition?** | | | | | |
| **Outcome no.** | **What has been achieved in the past term?** | | **Barriers to progress** | **What do we need to do to achieve the next step/outcome** | |
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| **Progress Review Term 2** | | | | | |
| **Date:** | | **What’s working** | | **What’s not working / Barriers to achievement** | **Next Steps:** |
| Child View | |  | |  |  |
| Parent View | |  | |  |  |
| School View | |  | |  |  |
| Practitioners Views (include who) | |  | |  |  |
| **What support do we need to include towards the next transition?** | | | | | |
| **Outcome no.** | **What has been achieved in the past term?** | | **Barriers to progress** | **What do we need to do to achieve the next step/outcome** | |
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| **Progress Review Term 3** | | | | | |
| **Date:** | | **What’s working** | | **What’s not working / Barriers to achievement** | **Next Steps:** |
| Child View | |  | |  |  |
| Parent View | |  | |  |  |
| School View | |  | |  |  |
| Practitioners Views (include who) | |  | |  |  |
| **What support do we need to include towards the next transition?** | | | | | |
| **Outcome no.** | **What has been achieved in the past term?** | | **Barriers to progress** | **What do we need to do to achieve the next step/outcome** | |
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