****

**SEND Support Arrangements**

**Name:**

*To be used in conjunction with the SEND Support Arrangements Guidance for Education settings*

**[FIRSTNAME]’s Surrey SEND Support Arrangements**

**One Page Profile**

**What is important to me.**

|  |  |
| --- | --- |
|  |  |

**Photo (Optional)**

**What people like about me and what I like about myself**

**How best to support me.**

|  |  |
| --- | --- |
| **Date Completed** |  |
| **Completed by** |  |

**SECTION 2 - [FIRSTNAME]’s SEND Support Arrangements**

|  |
| --- |
| Version:  |
| Draft or Final: **Draft** |

|  |  |
| --- | --- |
|  | Date |
| Original SEND Support Plan: |  |
| Amendment 1: |  |
| Amendment 2: |  |
| Amendment 3: |  |

|  |  |
| --- | --- |
| **Contents** | **Pages** |
| **Section 1**One Page Profile |  |
| **Section 2**SEN Support Arrangements |  |
| **Section 3****[FIRSTNAME]’s** story |  |
| **Section 4****[FIRSTNAME]’s** special educational needs and other needs |  |
| **Section 5**SEN Support Arrangements  |  |
| **Section 6**Progress data |  |
| **Section 7**Resources |  |
| **Section 8**Log of external practitioners involvement |  |
| **Section 9**Supporting Information |  |

|  |
| --- |
| **Who else has been included in writing this plan?** |
|  |

**Further details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: |  | First Name: |  |
| Known as: |  |
| Date of birth: |  | Gender: |  |
| NHS/NI/ICS/other registration numbers: |  |
| Parent/carer names: |  |
| Who has parental responsibility?: |   |
| LAC status: |  |
| Siblings: |  |
| Contact address for child or young person: |  |
| Contact addresses for parent/carers: |  |
| Telephone:  |  | Mobile: |  |
| Email:  |  |
| SEND Case Worker Name and Email |  |
| Year group: |  | Placed out of year: |  |
| Ethnicity: |  | First language: |  |
| Language used at home: |  | Religion: |  |
| Main communication method: |  |
| Language interpretation support needed: |  |
| GP Name and contact details: |  |
| Current consultant(s) details: |  |
| Other practitioners who are/have been involved (Name, email, telephone):  |  |
| Times that are difficult for me or family to attend appointments: |  |
| Barriers that might make it more difficult for me or family to attend appointments: |  |
| Other relevant plans: |  |
| Other useful information: |  |

**School Details**

|  |  |  |  |
| --- | --- | --- | --- |
| School Name: |  | School Contact Name:  |  |
| Address: |  | Postcode |  |
| Email (if any): |  |

**SECTION 3 – [FIRSTNAME]’s story**

|  |
| --- |
| **Firstname’s story** – play, health, schooling, independence, friends and relationships, further education, future plans. |
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| --- |
| **Firstname’s family’s story** |
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| --- |
| **More information on how to support Firstname’s and his/her family** |
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| --- |
| **Firstname’s aspirations** |
|  |

|  |
| --- |
| **Firstname’s family’s aspirations for him/her** |
|  |

|  |
| --- |
| **How Firstname’s and his/her family have taken part in this plan** |
|  |

**SECTION 4 - [FIRSTNAME]’s special educational needs and other needs**

|  |
| --- |
| **Summary of key strengths and areas of need** |
|  |

|  |
| --- |
| **More detailed information:** |
| **Communication and Interaction****Strengths and achievements:***

**Special Educational Needs:** |
| **Cognition and Learning:****Strengths and achievements:***

**Special Educational Needs:** |
| **Social, Emotional and Mental Health:****Strengths and achievements:***

**Special Educational Needs:** |
| **Sensory and Physical:****Strengths and achievements:***

**Special Educational Needs:** |

|  |
| --- |
| **Summary of other needs** |
| *Prompt questions:*1. *Are there any concerns outside of school which impact on your child’s learning and well-being and/or make it more difficult for you to help your child e.g. housing, finance, family support networks.*
2. *Is there anything else you feel it is important for us to know about your child’s learning and behaviour at home?*
3. *Is there any support you feel would help you as a parent/carer in supporting your child/family?*

|  |  |
| --- | --- |
| **Early Help Assessment Considered but not necessary** | Date of Decision:  |
| **Early Help Assessment Completed** | Date of Decision: |

*NB. If the child or young person is 18 or over these questions should be directed to the young person rather than the parent/carer unless the parent/carer advocacy for the young person or the young person has requested input from the parent/carer.* |

**SECTION 5 – SEN Support Arrangements Plan**

**Start date: Pupil name: Plan number:**

*[Please extend boxes / add additional outcomes as necessary]*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- |
| **OUTCOME (1)*****Must link with special educational need evidences in Section 4*** | **Arrangements in place** | **Review Date** | **Progress Review****What has gone well? / Barriers to further progress** |
|  |  |  |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **OUTCOME (2)*****Must link with special educational need evidences in Section 4*** | **Arrangements in place** | **Review Date** | **Progress Review****What has gone well? / Barriers to further progress** |
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| **OUTCOME (3)*****Must link with special educational need evidences in Section 4*** | **Arrangements in place** | **Review Date** | **Progress Review****What has gone well? / Barriers to further progress** |
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| **OUTCOME (4)*****Must link with special educational need evidences in Section 4*** | **Arrangements in place** | **Review Date** | **Progress Review****What has gone well? / Barriers to further progress** |
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**SECTION 6 – [FIRSTNAME]’s Progress Data**

**Data attached** *(please state below)*

|  |  |
| --- | --- |
| **Progress tracker (to include EYFS/National Curriculum levels)** | Yes / No |
| **Standardised assessments** | Yes / No |
| **Other, please specify:**  | Yes / No |

**SECTION 7 - Resources**

|  |  |  |
| --- | --- | --- |
|  | **Date** | **Attached (YES/NO)** |
| **Costed provision map 1** |  | Yes / No |
| **Costed provision map 2** |  | Yes / No |

**OR**

|  |  |  |
| --- | --- | --- |
|  | **Date** | **Attached (YES/NO)** |
| **Schedule 2 IPA** |  | Yes / No |

**OR**

|  |  |  |
| --- | --- | --- |
|  | **Date of receipt** | **Costed provision map attached (YES/NO)** |
| **Early Years Inclusion Grant** |  | Yes / No |
| **Discretionary funding** |  | Yes / No |

**SECTION 8 - Log of external practitioner’s involvement**

|  |  |  |
| --- | --- | --- |
| **Team/service and name** | **Date of involvement** | **Report in supporting information B (Yes/ no)** |
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**SECTION 9 - Supporting information**

**Please enter any supporting information below**