



My Plan Guidance Notes v2.3

These notes refer to the following version of MyPlan: April 2016

MyPlan is a non-statutory document, owned by the educational settings, produced in partnership with the child/young person, their family and other professionals working with the child/young person. These guidance notes take you through the completion of the form. For more detail on the process please see the following document:

“SEND New Processes – Guidance for Professionals”

Examples

Included with this form are some example MyPlans (please note that some of these are on an older version of the MyPlan form):

EXAMPLE 1- “L” in year 3 - a boy with complex needs including autism and ADHD

EXAMPLE 2 – “MJK” in year 7 - a girl with dyslexia and mental health difficulties

EXAMPLE 3 – “Francesca Miles” in year 2 – a girl with dyspraxia and possible autism and dyslexia

Technical information

The form is prepared in Microsoft Office Word and is intended to be completed on the computer and contains;

- drop down boxes available for you to make filling in the form easier
- text boxes that will change get bigger or smaller to fit your text.
- buttons to allow extra pages to be added in sections where you are likely to need this

KNOWN BUGS: Apologies but there is an intermittent fault with the form which can happen when an extra page has been added by clicking on the “additional page” button. The text input fields can “lock”, not allowing you to type in them. This can be released by clicking on and off on one of the boxes elsewhere in the form, eg yes/no boxes.

Printing the form and completing offline

If you wish to print the form to fill in on paper, there is a button at the end of section 14 “Clear Guide Text” which will remove the “Click here to enter text” words from the document. This button can also be used to clear the guide text out of the fields not filled when the form is complete to improve the appearance.

When to create a new file

A new version is created by the SENCO every year eg Jane Smith 2015-2016. This is updated at every review during that year, which will be minimum termly but which could be more frequently.

Immediate request for assessment

This form is now used instead of the old Educational Assessment Tool (EAT) even for cases when it is not possible to run several MyPlan cycles. The box on the front page needs to be selected and your reasons for the immediate submission input in the history and background section on page 9.

| Section | Notes |
|---|---|
| Front Page | <p>The front page should include the child's name and an uploaded photo or drawing of the child. Click twice on the top left box and type the child's name. The text you type will adjust to fit the box.</p> <p>Click on the picture icon in the bottom right box. Here you can either insert a picture from wherever it is stored in the school's files or copy and paste.</p> <p>Please indicate the start date as this can be very important when assessing for EHCP if the MyPlan reaches this stage. The date should always stay the same – ie the date the MyPlan was started originally, not a new date every year.</p> |
| One Page Profile/Child's view | <p>Complete this with the child/young person and the parent /carer, or the parent/carer may prefer to do this with the child at home. It must be compiled with the parent/carer's input. If a One Page Profile already exists, there is no need to also complete this page. In this case, the One Page Profile can be copied and listed in section 11 under Reports/attachments.</p> |
| Consent to Share Information | <p>This page is for the parent/carer/young person (when over 16) to complete.</p> <p>You need to:</p> <ul style="list-style-type: none"> • Explain the implications of giving consent and not giving consent. • Explain that selective consent can be given - i.e. specifying what cannot be shared with whom. • Ask the parent/carer/young person to select the relevant options and sign and date at the bottom. <p>Other services, particularly Health, will not release information to you for the My Plan process without this consent. Many services will request a hard copy faxed or through the post.</p> |
| 1. Personal Details | |
| 2. Significant People - Parental Responsibility | <p>Please speak to your safeguarding officer where you have questions about who can see this information/who you can share this information with.</p> |
| 2a. Significant People - Who else is important to the child | <p>This section is completed with details of other people in the house such as siblings, and other people key to the child such as grandparents, key relations, child minder and friends.</p> <p>The page can be copied if more than three peoples' details are required by clicking on the "Add additional page" button at the bottom of page 6.</p> <p>Details of professionals and care givers providing support to the child are added on the following page in the section 'Professionals providing support'.</p> |
| 3. Details of Educational Setting | <p>The details of previous setting is to allow for a brief history of the child/young person's journey through educational settings</p> |

| | |
|--|--|
| 4. Professionals Providing Support | <p>This section is completed with details of professionals outside the educational setting who work with the child. This may include the following:</p> <ul style="list-style-type: none"> • Speech & Language Therapist • Occupational Therapist • Educational Psychologist • Social Worker • MAST Team Member etc |
| 5. History and Background | <p>This can be used as a summary of page of the child so far – a pen portrait. It is also where the child/young person’s current educational levels are input together with details of how this has been changing.</p> <p>If the MyPlan is being submitted as an Immediate Request for Statutory Assessment, then this section is used by the SENCO to explain the reasons for the request, and why the MyPlan will not be running for at least 2 cycles as per the recommended process.</p> <p>The questions relating to the family may lead the SENCO to feel an FCAF is appropriate – if this work has already been done these questions do not need to be completed.</p> |
| 6. Parent's View | <p>This can be printed off for the parent / carers to complete separately, or can be completed in school in a separate meeting, or as part of the My Plan meeting. Some parents find that they need time and space to think carefully about what they would like to include in this section.</p> |
| 7. Moving on (progression, transition) | <p>The main progression points are:</p> <ul style="list-style-type: none"> • Starting school • Between key stages • Between settings • Leaving education <p>However, some children may need this completing for smaller progressions - eg from year to year, or to a new teacher.</p> <p>This page should capture all the parent/carer and child/young person concerns and then seek to address these in outcomes.</p> <p>The section 'who else do we need to involve in our discussion regarding progression?' allows the child/young person and their parent to talk about particular settings they wish to investigate and other services which are relevant.</p> |

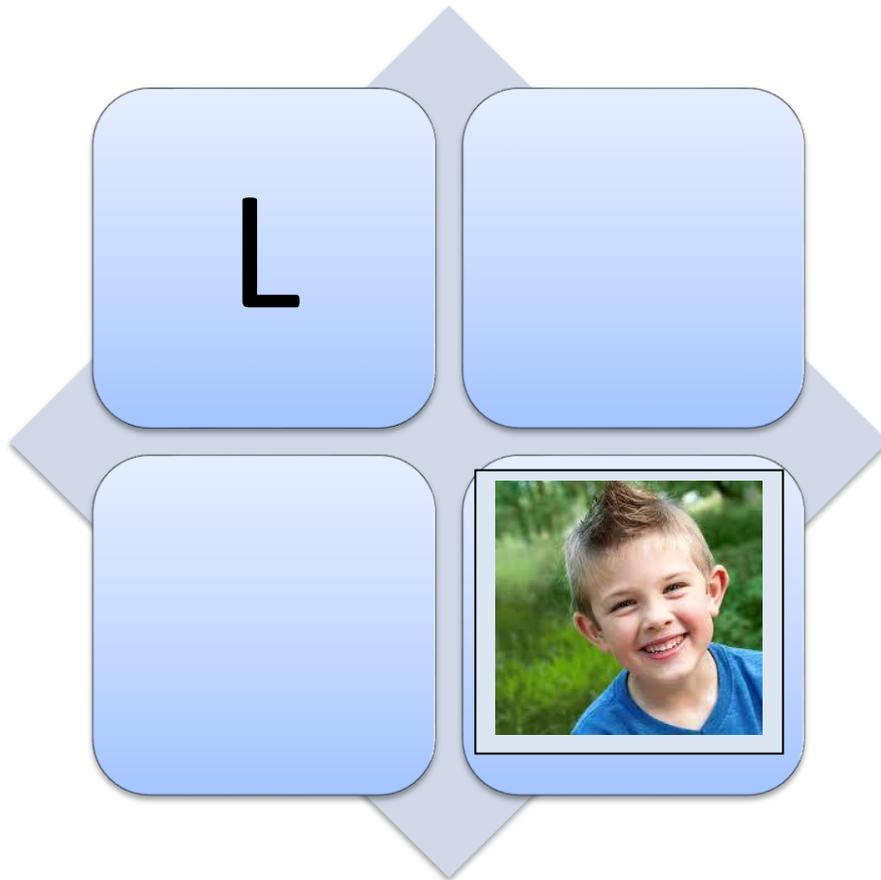
| | |
|--|--|
| <p>8. Special Education Needs and Strengths</p> | <p>There are 5 sections here covering the four categories of need as specified in the Code of Practice, and a separate one for developing independence which is not an official category so does not need a Sheffield Support Grid level:</p> <ul style="list-style-type: none"> • Cognition and Learning • Communication and Interaction • Social, Emotional and Mental Health • Hearing, Vision and Physical • Developing Independence <p>The child may have several Sheffield Support Grid levels.</p> <p>These sections are filled in during the My Plan meeting - it is important to focus on the strengths whilst also capturing the things that the child/young person finds difficult. The Sheffield Support Grid level will have been identified earlier using assessment tools, and consulting other professionals including Educational Psychologists.</p> |
| <p>9. Care and Social Care</p> | <p>This section should be completed in the meeting with the Social Care representative present, or the relevant sections completed with information from a report received in advance. The report is then referenced and attached.</p> |
| <p>10. Health Needs and Strengths</p> | <p>This section should be completed in the meeting with the Health representative present, or the relevant sections completed with information from a report received in advance. The report is then referenced and attached.</p> |
| <p>11. Any Reports / Attachments from professionals, setting etc</p> | <p>The My Plan is intended to be a repository of all the relevant information relating to the child/young person and their special educational needs, hence all reports and information referred to in preparing the plan need to be referenced here. This may include:</p> <ul style="list-style-type: none"> • Provision plans • Progress trackers • Intervention information • School reports • Child's timetable of support • IEPs/IBPs • Reports from professionals - Educational Psychologist, CAMHS etc |
| <p>12. Outcomes (in SMART format)</p> | <p>One of the main focuses of the My Plan meeting is agreeing outcomes for the child/young person.</p> <p>It may be appropriate to breakdown the longer term outcome into small steps and these shown in the relevant column.</p> <p>At the review meeting progress achieved is noted in the relevant column.</p> <p>An extra page can be added via the button at the bottom of the page.</p> |
| <p>13. Special Educational Support</p> | <p>Detail the support agreed with as much information as possible. Further information for this can be found in the teaching and learning strategies column of the SSG.</p> |

| | |
|-------------------------|---|
| | <p>There is a button to allow an extra page to be added. Unfortunately there is a known error with this function - the new page will be portrait rather than landscape - which we will fix for the next version.</p> |
| 14. Agreement | <p>Once the draft MyPlan has been completed, it is issued to the parent/carer's for review. This should be as a hard copy. If parent/carer's request an email copy, refer to your school's information security policy around sending personal and sensitive information by email – this may require encryption and consent. At this stage they are asked to grade their confidence in the plan achieving the agreed outcomes on a scale of 1 to 10 with 1 being low. Encourage them to complete the comments section, particularly if they give a low confidence mark.</p> <p>As the educational setting, you grade the MyPlan similarly and add comments.</p> <p>If either of these grades are low, consider if further meetings and work with the parent/carer's would help. However, it may be that confidence remains low for the term with the aim to increase it at future meetings.</p> |
| 15. Reviews | <p>At the end of the first MyPlan meeting, the details of when the next review will be, and who will attend, need to be completed here. Similarly at the end of each review.</p> <p>If it looks like escalation to EHCP might be needed at the next review this is also indicated by ticking the box and discussing the plan with the Area SENCO and SEND Manager. Advice must also be sought from an Educational Psychologist.</p> <p>At review, any changes can be made to sections 1-10.</p> |
| 16. Closure and Sharing | |

The following pages include example MyPlans (please note that some of these are on an older version of the form):



My Plan



Consent to Share Information

Parental/Young Person Consent

Your decision to agree to information sharing for Special Educational Needs and Disabilities (SEND) purposes helps us to help you. You do not have to agree and doing so does not affect your rights to City Council (or other) services generally. **In addition, by signing this form, you are only agreeing for your information to be shared for the SEND purposes and in relation to supporting your child in their educational setting.**

You can at any time modify this consent; if you wish to do so, please contact:

SEND Team
XXXXXXXXXX
XXXXXXXXXX
Tel: 0114 XXXXXXXX

I am also happy for the Educational Setting to use the My Plan information to help my/my child's Special Educational Needs. It has been explained to me that the services likely to be helping me are:

| | |
|--------------------------------------|---------------|
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes / No / Na |

I do not give my consent for the information relating to me and referred to in this document to be shared with any other organisation outside of the Educational Setting

There may be times we share your information without your consent:

- When required by law;
- To protect a child or adult from suspected harm;
- To reduce and/or prevent anti-social behaviour, crime and disorder.

Further information is available on our website at www.sheffield.gov.uk

| | Name (please print) | Signature | Date |
|--|---------------------|-----------|------|
| Parent | | | |
| Child/Young Person (where applicable) | | | |

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Personal Details

| | | | |
|---------------------------------|-----------|------------------------------|---------|
| First Name: | L | Middle name: | |
| Family Name: | | Date of Birth: | 1.1.08 |
| I like to be known as: L | | | |
| Home Address: | Sheffield | Postcode: | S20 |
| | | Contact Phone Number: | |
| Gender: | Male | UPN: | |
| NHS Number: | | Languages Spoken: | English |

Significant People - Parental Responsibility

| | | | |
|--------------------------------------|-----------------|---------------------------------------|------|
| Relationship to child: Mother | | | |
| First Name: | | Family Name: | |
| Home Address: | Sheffield | Postcode: | S20 |
| | | Contact Phone Number: | |
| Email address: | @googlemail.com | Language Support Requirements: | None |

| | | | |
|--------------------------------------|-----------------|---------------------------------------|------|
| Relationship to child: Father | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | S20 |
| | | Contact Phone Number: | |
| Email address: | @googlemail.com | Language Support Requirements: | None |

Significant People – Who else is important to the child

| | | | |
|-------------------------------|--|---------------------------------------|--|
| Relationship to child: | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | |

| | | | |
|-------------------------------|--|---------------------------------------|--|
| Relationship to child: | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | |

| | | | |
|-------------------------------|--|---------------------------------------|--|
| Relationship to child: | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | |

Details of Educational Setting

| | | | |
|-------------------------------------|---------------------------------------|----------------------------------|--------|
| Name of setting: | | Date of admission: | 1.9.15 |
| Address: | | National curriculum year: | Y3 |
| Details of previous setting: | Xxx school , Primary Inclusion Centre | | |

Professionals Providing Support

| | | | |
|---------------------------------|-----------------------------|---|--|
| Job Title: | ADHD Nurse | Name: | |
| Contact Address: | Ryegate Children's Hospital | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Support around ADHD – medication, advice and support. | |

| | | | |
|---------------------------------|-------|---|--|
| Job Title: | SENCO | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Support and advice around provision, liaison with professionals supporting L. | |

Professionals Providing Support – continued

| | | | |
|---------------------------------|--|---|--|
| Job Title: | Head of Primary Inclusion Centre Primary Inclusion Centre | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Advice and support around behaviour, alternative provision. Creation of Personal Handling Plan, support for behaviour management and de-escalation techniques. | |

| | | | |
|---------------------------------|------------------|---------------------------------------|--|
| Job Title: | Speech Therapist | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Speech therapy assessment and advice. | |

| | | | |
|---------------------------------|------------------------------|------------------------------|--------|
| Job Title: | Educational Psychologist | Name: | |
| Contact Address: | Floor 4, Moorfoot, Sheffield | Postcode: | S1 4PL |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Assessment and advice. | |

My Name:
L

Things I like doing:
Swimming - I am on stage 2 now.
I have just started to go to Karate.
Playing with Lego. I can build anything!

What and who is important to me:

My family
My dog
My grandma and grandad

This is Me:

My hopes and dreams

I would like a Porsche when I am older.

I would like a good job.

How you can help and communicate with me:

Reassure me lots – this really helps me.
It helps me if I feel like I have had a choice in things e.g. giving me a choice of 2 things.
My mum ignores my behaviour if it is starting to escalate. Giving me a few minutes here can help me to sort myself out.
Having 5 minutes or so helps me to calm.
Give me a countdown when I need to end an activity.
Only give me a choice of 2 things. Having too many choices overwhelms me.
I benefit from firm boundaries.
I find change very difficult. Having time to prepare for change helps me.

Has this section been completed independently? **Yes** **No**

If not who helped: **Mum and Dad, Mrs Smith (teaching assistant 1:1), Grandma.**

Parent's View

| | |
|---|--|
| <p>Our child's history and background:</p> | <p>L has been diagnosed with ASD and ADHD at Ryegate Children's Hospital. Parents did not want to medicate L for his ADHD initially but felt it would be worth trying after his difficulties at school. He has trialled some different medications for his ADHD with some having quite adverse effects on him. He is currently on Equasym XL and takes 30mg a day.</p> <p>L was permanently excluded from xxx School in June 2015. He attended the Primary Inclusion Centre until the end of the school year which was a supportive environment in terms of his learning, but parents felt that L linked with other children who were not a positive influence on him. They would not like L to attend the Primary Inclusion Centre again for this reason.</p> |
| <p>Important information you need to know about our child:</p> | <p>L has previously been managed using Team Teach techniques which he is now very wary of. If he thinks that he is going to be 'held' he will display fight or flight type behaviours.</p> <p>L is very sensitive to noise. This can make him very anxious.</p> |
| <p>What our child is good at:</p> | <p>L is a bright child.</p> <p>Lego! L loves building things with Lego and usually doesn't need to refer to the instructions to help him.</p> |
| <p>What our child needs help with</p> | <p>Relationships with peers. L does not understand how other people may be feeling or how to build and maintain relationships. Managing his strong feelings – in school L is sometimes aggressive or abusive when he is feeling anxious or angry.</p> |
| <p>How you can best support and communicate with our child</p> | <p>See One Page Profile above.</p> |

| | |
|---|---|
| <p>Our hopes and dreams for our child's future</p> | <p>We would like for L to be able to have a good job, to live independently and have as normal life as possible. We would like for L to have successful relationships and to be able to cope with his additional needs.</p> |
|---|---|

Special Education Needs and Strengths

| Cognition and Learning: | Yes | X | No | |
|---|---|---|----|--|
| <p>What the child is good at:</p> | <p>L has an excellent long term memory, especially visual memory e.g. for journeys, places he has visited previously etc.</p> | | | |
| <p>What the child needs help with:</p> | <p>L has a weak working memory and slow speed of processing. Phonics, reading, spelling and writing skills.</p> | | | |
| <p>Any confirmed diagnoses:</p> | <p>Dyslexic difficulties – this is due to be updated Nov/Dec 2015.</p> | | | |
| <p>Sheffield Support Grid Level</p> | <p>2 B 2</p> | | | |

| Communication and Interaction: | Yes | X | No | |
|---|---|---|----|--|
| <p>What the child is good at:</p> | <p>L has a wicked sense of humour and has a wide vocabulary.</p> | | | |
| <p>What the child needs help with:</p> | <p>Relationships with peers. Empathy of other people's feelings. Managing his own behaviour arising from his anxiety and feelings – L can get very aggressive and abusive when he is feeling angry. At these times he has no regard for his own or other people's safety, throwing things, hitting, spitting, swearing etc. L has received several days fixed term exclusions for his behaviour since</p> | | | |

| | |
|-------------------------------------|----------------------------|
| | September 2015. |
| Any confirmed diagnoses: | Autism ADHD (medicated) |
| Sheffield Support Grid Level | 1 B 4 |

Special Education Needs and Strengths

| Social, Emotional, and Mental Health: | Yes | X | No | |
|--|--|---|----|--|
| What the child is good at: | When L is in a positive mood he is able to achieve highly, with support. His mood for the day is a good indicator to how successful he may be. | | | |
| What the child needs help with: | Relationships with peers. Self esteem/confidence – L did not have a very good year last year. Emotions – recognising emotions in himself and knowing how to manage these and recognising emotions in other people. | | | |
| Any confirmed diagnoses: | | | | |
| Sheffield Support Grid Level | 3 A 4 | | | |

| Hearing, Vision and Physical | Yes | X | No | |
|-------------------------------------|--|---|----|--|
| What the child is good at: | Hearing – L has had his hearing checked 3 times in the last year due to concerns around this. He has no difficulties in this area. | | | |

| | |
|--|---|
| What the child needs help with: | L is very sensitive to sounds/noise. There seems to be certain sounds that he doesn't like but these are changeable. L does not seem to have any volume control for himself and shouts a lot. |
| Any confirmed diagnoses: | |
| Sheffield Support Grid Level | 4 B 1 4 C 1 |

Special Education Needs and Strengths

| Developing Independence | Yes | X | No | |
|--|---|---|----|--|
| What the child is good at: | L has a very healthy diet. He selects healthy food over 'junk' foods. L's sleep is currently settled. He currently goes to bed between 7.30-8.30pm and wakes around 7am. He does not take melatonin to support this. | | | |
| What the child needs help with: | Managing his anxieties and feelings, in turn helping to manage his behaviours. | | | |
| Any confirmed diagnoses: | | | | |
| Sheffield Support Grid Level | | | | |

Reports/Attachments

| Name of Report | From: | Date: |
|----------------------------------|-------|----------|
| Educational Psychologists report | | March 14 |
| Learning Assessments | | Oct 15 |
| PHP | | Sept 15 |
| Risk assessment | | Sept 15 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Social Care Needs and Strengths

| | | | | |
|---|-----|--|----|---|
| Does the child have any identified social care needs related to their SEN? | Yes | | No | X |
| Is a Child Protection Plan in place? | Yes | | No | X |
| Is a Child in Need Plan in place? | Yes | | No | X |
| Is an FCAF in place? | Yes | | No | X |
| What needs to change? | | | | |
| What is in place to support this? | | | | |
| What else needs to be in place to support this? | | | | |
| CareFirst ID if relevant | | | | |

Health Needs and Strengths

| | | | | |
|---|--|---|----|--|
| Does the child have any identified health needs related to their SEN? | Yes | X | No | |
| Is a Health Care Plan in place? | Yes | X | No | |
| What does the child needs help with? | <p>Managing L's ADHD through medication – this is constantly under review.</p> <p>Anxiety and feelings – L finds it very difficult to manage his strong feelings, often resulting with defiance or sometimes aggression.</p> | | | |
| What is in place to support this? | <p>L is seen regularly at Ryegate Children's Hospital to review his ADHD medication. xxx offers support when needed.</p> <p>L has a PHP and risk assessment in place. He has received 6 sessions of support from xxx, Primary Inclusion Centre, has an Art Therapy session once a week and is waiting for an alternative provision place to begin at Whirlow Farm.</p> | | | |
| What else needs to be in place to support this? | <p>xxx is going to liaise with the psychologists at Ryegate to see how best to support L in this area. She will feed this information back once received.</p> | | | |

Outcomes

| No. | Desired Outcome | By When? | Steps to achieving outcome | Progress reviewed | Date achieved |
|-----|---|-----------|--|-------------------|---------------|
| 1 | L will close the gap between his current levels and his chronological age in reading, spelling, writing and times tables. | July '17 | Assessment of current attainment in these areas. Support in class to access learning and maintain focus. Daily phonics lesson. Weekly spelling focus. | | |
| 2 | L will increase his self-esteem and confidence levels as evidenced by him having a more positive approach to activities. | July '16 | Advice from Ryegate psychologists via xxx. Positive reinforcement. Work against Boxall Profile targets. Nurture type support. | | |
| 3 | L will be able to identify more emotions than happy or sad, both in himself and others. | Dec '16 | Support and advice from ASD team/Speech Therapist. Visual support around different emotions. 1:1 or small group support to work through programme. | | |
| 4 | L will be able to form letters more accurately when writing (fine motor skills) and will be able to use a knife and fork and ride a bike (gross motor skills) | March '16 | Gross motor skills programme – pre and post assessments. Support during PE lessons. Swimming/Karate activities. Teodorescu Perceptuo Motor Programme. Motor skills support from Ryegate. | | |
| 5 | L will develop strategies to manage his strong feelings. | July '17 | Support from Psychologists at Ryegate. Social stories, weekly art therapy session, PHP implementation, adult support in school to role model/support/teach strategies for managing behaviour, medication reviews. Team Teach to be used as a very | | |

| | | | | | |
|--|--|--|---|--|--|
| | | | last resort for L. Parents are anxious about L being held incorrectly as they feel that this has happened previously, leading to some of L's anxieties. | | |
|--|--|--|---|--|--|

Support

| No. | What is the support | Linked Outcome No. | Timescales | Frequency |
|-----|---|--------------------|-------------------------------------|------------------|
| | L is currently having full time 1 to 1 support to help him with settling into Shortbrook. Support is focusing on establishing boundaries, routines and relationships. | | Reviewed weekly – currently ongoing | Daily, full time |
| | L is having weekly sessions from xxx, Primary Inclusion Centre, setting up a PHP, sharing advice and discussions around provision and progress. | | 6 week block | Weekly |
| | Art Therapy session – offered through Primary Inclusion Centre | | Reviewed weekly. | Weekly |
| | L is waiting to begin an alternative provision placement at Whirlow Farm. | | Pending | Weekly |

| | | | | |
|--|--|--|----------------|--|
| | <p>L is waiting to access support from xxx, ASD support team. 2 referral forms have currently been sent to school although these have not yet been received.</p> | | <p>Pending</p> | |
|--|--|--|----------------|--|

Progression

| Is the child approaching a progression point? | Yes | | No | X |
|---|-----|--|----|---|
| Which progression point? | | | | |
| What concerns does the child or parent have regarding progression? | | | | |
| Who else do we need to involve in our discussion regarding progression? | | | | |

Reviews

| | | | |
|--|---|--------------------------|----|
| Next Review due by: | W/B 23.11.15 | Date review held: | |
| Who should attend: | EP, ASD Support Team, PIC, ADHD, Parents, Head of School, SENCO, SEND Manager | | |
| Is escalation to EHCP likely at the review? | Yes | X | No |

| | | | |
|--|-----|--------------------------|----|
| Next Review due by: | | Date review held: | |
| Who should attend: | | | |
| Is escalation to EHCP likely at the review? | Yes | | No |

| | | | |
|--|-----|--------------------------|----|
| Next Review due by: | | Date review held: | |
| Who should attend: | | | |
| Is escalation to EHCP likely at the review? | Yes | | No |

Closure

| | | | |
|--|-----|------------------------|----|
| Plan closed date: | | Closure reason: | |
| Plan passed to another setting? | Yes | | No |
| Which setting if yes? | | | |

Agreement - Date:

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

| | | | |
|-----------------------------|--|-------------------------------|---------------|
| Name of Parent/Carer | | Relationship to child: | Mother |
|-----------------------------|--|-------------------------------|---------------|

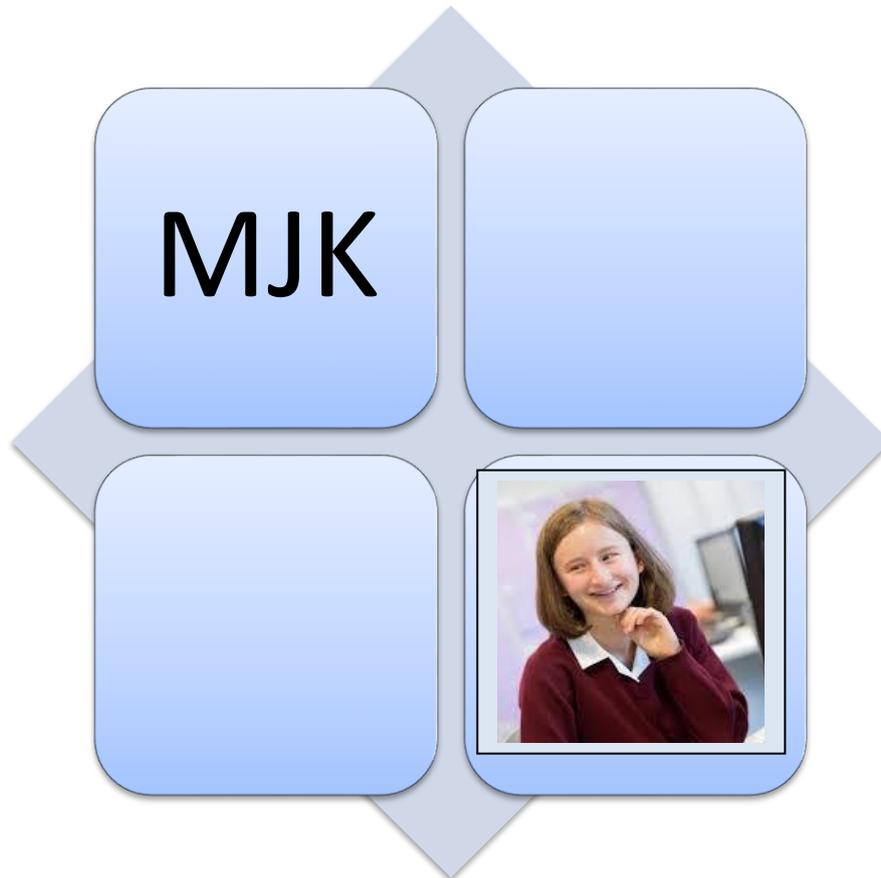
| | | | |
|-----------------------------|--|-------------------------------|---------------|
| Name of Parent/Carer | | Relationship to child: | Father |
|-----------------------------|--|-------------------------------|---------------|

| | |
|---|--|
| Confidence in the plan achieving the outcomes on a 1-10 scale (1 being low): | |
|---|--|

| | |
|------------------|--|
| Comments: | |
|------------------|--|



My Plan



Consent to Share Information

Parental/Young Person Consent

Your decision to agree to information sharing for Special Educational Needs and Disabilities (SEND) purposes helps us to help you. You do not have to agree and doing so does not affect your rights to City Council (or other) services generally. **In addition, by signing this form, you are only agreeing for your information to be shared for the SEND purposes and in relation to supporting your child in their educational setting.**

You can at any time modify this consent; if you wish to do so, please contact:

SEND Team
Xxxxxxxxxx
xxxxxxxxxx
Tel: 0114 xxxxxxxx

I am also happy for the Educational Setting to use the My Plan information to help my/my child's Special Educational Needs. It has been explained to me that the services likely to be helping me are:

| | |
|--------------------------------------|---------------|
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Yes / No / Na |

I do not give my consent for the information relating to me and referred to in this document to be shared with any other organisation outside of the Educational Setting

There may be times we share your information without your consent:

- When required by law;
- To protect a child or adult from suspected harm;
- To reduce and/or prevent anti-social behaviour, crime and disorder.

Further information is available on our website at www.sheffield.gov.uk

| | Name (please print) | Signature | Date |
|--|---------------------|-----------|------|
| Parent | | | |
| Child/Young Person (where applicable) | | | |

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Personal Details

| | | | |
|-------------------------------|--------|------------------------------|---------|
| First Name: | M | Middle name: | |
| Family Name: | | Date of Birth: | |
| I like to be known as: | | | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Gender: | Female | UPN: | |
| NHS Number: | | Languages Spoken: | English |

Significant People - Parental Responsibility

| | | | |
|---|--|---------------------------------------|------|
| Relationship to child: Grandmother | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | None |

| | | | |
|---|--|---------------------------------------|------|
| Relationship to child: Grandmother's partner | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | None |

Significant People – Who else is important to the child

| | | | |
|---|--|---------------------------------------|--|
| Relationship to child: Mother | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | |

| | | | |
|---|--|---------------------------------------|--|
| Relationship to child: Father | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | |

| | | | |
|--|--|---------------------------------------|--|
| Relationship to child: Aunty | | | |
| First Name: | | Family Name: | |
| Home Address: | | Postcode: | |
| | | Contact Phone Number: | |
| Email address: | | Language Support Requirements: | |

Details of Educational Setting

| | | | |
|-------------------------------------|--|----------------------------------|----|
| Name of setting: | | Date of admission: | |
| Address: | | National curriculum year: | Y7 |
| Details of previous setting: | | | |

Professionals Providing Support

| | | | |
|---------------------------------|---------------|---|--|
| Job Title: | Social Worker | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Input into My Plan, ongoing support for the family. | |

| | | | |
|---------------------------------|--|---|--|
| Job Title: | Westfield FOS Inclusion Support Leader | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Previous SENCo support from primary school. Learning assessments. Ongoing support for the family. | |

Professionals Providing Support – continued

| | | | |
|---------------------------------|-------|----------------------------------|--|
| Job Title: | SENCo | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Ongoing SENCo support in school. | |

| | | | |
|---------------------------------|-------------------------------|------------------------------------|--|
| Job Title: | Clinical Psychologist – CAMHS | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | CAMHS – complex cases team support | |

| | | | |
|---------------------------------|--------------------------|---|--|
| Job Title: | Educational Psychologist | Name: | |
| Contact Address: | | Postcode: | |
| | | Contact Phone Number: | |
| | | Email address: | |
| Type of Support Provided | | Assessment and advice re ongoing support in school. | |

My Name:

M.IK

What and who is important to me:

My nans.

My mates.

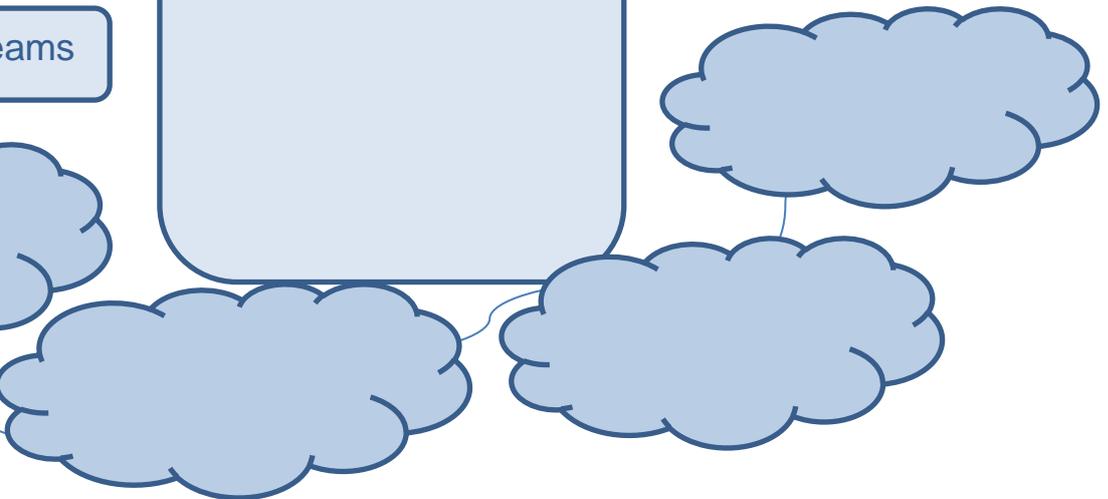
My dad.

Things I like doing:
Laughing with my friends.
Playing with my dolls.
Playing on my tablet.
Going on day trips.

This is Me:

My hopes and dreams

I would like to live in America in the future.



How you can help and communicate with me:

Talk to me and show me in things in lots of different ways.

Spend time explaining things to me, especially when I haven't understood what I am supposed to be doing.

I need lots of positive attention and reinforcement that I am doing the right thing.

Has this section been completed independently?

No

If not who helped: My nans, school and my friends.

Carer's/Parent's View

| | |
|---|--|
| <p>Our child's history and background:</p> | <p>M lived with her parents until she was 4 years old, when her mum asked nan to take her children. M has continued to see both of her parents since the guardianship order was made, although it is felt by Social Care and CAMHS Complex Cases Team that seeing her father is causing M a great deal of anxiety and upset. M's mum may have drunk alcohol and/or taken drugs when expecting M. M has experienced domestic violence when she was younger and has previously taken on a caring role for her younger siblings. Since the guardianship order, M's mum has gone on to have a further 3 children with a different partner who all continue to live with mum. M finds this very confusing. All of the 6 children have some form of additional needs, which has led to some of the children having been tested for genetic abnormalities. The results of these are not yet known.</p> <p>When living with her parents, dad regularly told mum to take the children out of the house when they were crying or when parents had an argument. This could be anytime of the day or night and there are reports that M spent some nights walking around a local park with her mum and siblings. M has experienced a fire in the flat when she lived with her parents where they had to be rescued by the Fire Service; M still talks about this experience now. M sees her mum frequently although they don't have a typical mother/daughter relationship. Dad is currently having letterbox contact with the 3 children. M mentions quite often that she can see and sometimes talk with relatives who have passed away.</p> |
| <p>Important information you need to know about our child:</p> | <p>M is the oldest of 6 children.</p> <p>M is dyslexic. She has a very weak working memory and poor speed of processing. She benefits from having her tasks chunked and instructions given in small parts.</p> <p>CAMHS report that M is working significantly behind her chronological age in her emotional development. This can be clearly seen when M is upset as she displays some toddler like behaviours.</p> <p>M can find it difficult to maintain relationships with her peers. M benefits from lots of positive adult support.</p> <p>M can get very anxious at home. She worries about how safe they all are in the house and hearing noises can make her anxiety rise.</p> <p>M nan's are very concerned with the self-harming behaviours that they are seeing M do at present.</p> <p>M has regular, debilitating headaches that she takes medication for. These are currently being further investigated by her GP.</p> <p>M has a brace in, which she is very self-conscious about. She will ask other children if she has 'goofy' teeth and then get very upset when they say that she has.</p> |

| | |
|---|---|
| <p>What our child is good at:</p> | <p>M is very creative. She loves writing stories. M loves playing house/dolls. M is very able on her tablet. M enjoys helping others. She loves to cook and bake. M's best subjects at school are maths and art.</p> |
| <p>What our child needs help with</p> | <p>M needs instructions breaking down into small chunks. M sometimes needs support with her friendships, to help repair relationships when she has fallen out with her friends and to help her to understand what a healthy relationship looks like. It helps M to 'see' her learning as much as possible. She can find it hard to take it what has been taught when she just 'hears' it. M has weak expressive and receptive language skills.</p> |
| <p>How you can best support and communicate with our child</p> | <p>Spend time developing a relationship with M. She responds better and is more open with people who she feels able to trust. M benefits from having time to talk. She can sometimes find her own solutions to problems or issues if she is 'coached' through her thoughts.</p> |
| <p>Our hopes and dreams for our child's future</p> | <p>We would like M to be happy and have healthy relationships. We would like M to do her best with her learning and to get to as high a level as she can. We would like M to be able to have a good job in the future. We would like M to be as resilient as possible to be able to cope with the problems that come up in life.</p> |

Special Education Needs and Strengths

| Cognition and Learning: | Yes | X | No | |
|---|--|---|----|--|
| <p>What the child is good at:</p> | <p>M has strengths in maths and art.</p> | | | |
| <p>What the child needs help with:</p> | <p>M has a weak working memory and a slow speed of processing. She is dyslexic which impacts on her reading and spelling skills.</p> | | | |

| | |
|-------------------------------------|-----------|
| Any confirmed diagnoses: | Dyslexia. |
| Sheffield Support Grid Level | 1 B 3 |

| | | | | |
|--|--|---|----|--|
| Communication and Interaction: | Yes | X | No | |
| What the child is good at: | M loves to chat about things that are important to her. | | | |
| What the child needs help with: | M finds it difficult to express herself and to always understand what is being said. She finds it hard to understand some concepts and has some word finding difficulties. | | | |
| Any confirmed diagnoses: | Word retrieval difficulties. Expressive and receptive language difficulties. Poor conceptual knowledge. | | | |
| Sheffield Support Grid Level | 1 A 3 | | | |

Special Education Needs and Strengths

| | | | | |
|--|--|---|----|--|
| Social, Emotional, and Mental Health: | Yes | X | No | |
| What the child is good at: | M can be very loving and caring. She is very well behaved at school and will usually try her best at whatever she is asked to do. M loves to please people. | | | |
| What the child needs help with: | M needs help with her relationships with her peers. She will regularly fall out with her friends and finds it hard to make up with them without adult support. M is reported to be working at a much lower emotional level than her actual age. When she was 7 CAMHS said that she was functioning at around 2 years below this. This has very recently | | | |

| | |
|-------------------------------------|---|
| | <p>been reconfirmed when M's case was revised through the complex cases panel in July.</p> <p>M displays some self-harming type behaviours.</p> <p>M doesn't always understand the consequences of things e.g. when she recently fell over and hurt her leg she was distraught and was taken to the GP in the end to help reassure her that she did not need an operation on her knee. This behaviour and appointment triggered the referral to the Complex Cases Team in CAMHS.</p> <p>M's nans feel that she comes across as being 'depressed'. She is a very emotional child and will cry for the smallest of reasons.</p> |
| Any confirmed diagnoses: | M has significant trauma and attachment difficulties. |
| Sheffield Support Grid Level | 3 B 4 |

| | | | | |
|--|---|---|----|--|
| Hearing, Vision and Physical | Yes | X | No | |
| What the child is good at: | | | | |
| What the child needs help with: | <p>M has been assessed for DCD, as she shows many of the difficulties associated with this diagnosis. M finds it hard to control her pencil and she needs guidance to sit correctly on a chair. Her motor skills are not yet age appropriate. Her younger brother has a diagnosis of Developmental Coordination Difficulties.</p> | | | |
| Any confirmed diagnoses: | No. | | | |
| Sheffield Support Grid Level | 4 C 1 | | | |

Special Education Needs and Strengths

| | | | | |
|--------------------------------|-----|--|----|--|
| Developing Independence | Yes | | No | |
|--------------------------------|-----|--|----|--|

Social Care Needs and Strengths

| | | | | |
|---|--|---|----|---|
| Does the child have any identified social care needs related to their SEN? | Yes | X | No | |
| Is a Child Protection Plan in place? | Yes | | No | X |
| Is a Child in Need Plan in place? | Yes | | No | X |
| Is an FCAF in place? | Yes | X | No | |
| What needs to change? | M's nans would like for M to have work completed on her life story. They feel that they take a lot of the 'blame' for the children living with them when actually this is not the case. Contact with dad. It has been recommended that this cease asap and for the foreseeable future. | | | |
| What is in place to support this? | Support from the FACT team. M has a Social Worker in place through this team. An FCAF has previously been completed to access support from the MAST team although this was referred directly to the FACT team. | | | |
| What else needs to be in place to support this? | Agreements on the work around the 'life story'. Further consultation with Social Care team around who will complete this work. | | | |
| CareFirst ID if relevant | | | | |

Health Needs and Strengths

| | | | | |
|--|-----|--|----|---|
| Does the child have any identified health needs related to their SEN? | Yes | | No | X |
| Is a Health Care Plan in place? | Yes | | No | X |
| What needs to change? | | | | |
| What is in place to support this? | | | | |
| What else needs to be in place to support this? | | | | |

Outcomes

| No. | Desired Outcome | By When? | Progress achieved | Barriers to be removed | Date achieved |
|-----|--|----------|-------------------|--|---------------|
| 1 | M will be able to understand her life story. | Dec 16 | | Social Care to gain access to previous records. Social Care to support Nan's to deliver the life story work. M to be supported after this has been delivered, depending on how she presents and feels about this. | |
| 2 | M will close the gap between her current level of working and her age expected level for reading, spelling and maths. | Oct 16 | | Parent Portal – support available at the open evening for Nans. Homework support available for m and nans. Key worker role to support this aspect. Inclusion in specialist support group at school (1:6 ratio) for literacy and numeracy teaching. Use of B Squared to identify progress and next steps. | |
| 3 | M will develop her fine motor skills as evidenced by her being able to use a knife and fork, hold a pencil correctly and form all of her letters correctly when writing. | July 16. | | Opportunities for fine motor activities at school. Teodorescu Perceptuo Motor Programme. | |
| 4 | M will be able to restore her friendships when these break down or she has a disagreement with her peers. | | | Circle of Friends intervention. M to have a key worker – member of the Pastoral Team. Social skills/friendship group intervention to be delivered. | |

| | | | | | |
|---|--|--|--|---|--|
| 5 | M will increase her receptive language skills further. | | | Pre teaching/post teaching available. Endeavour group support – literacy and numeracy lessons. Use of B Squared to identify gaps in learning/next steps/progress. | |
|---|--|--|--|---|--|

Support

| No. | What is the support | Linked Outcome No. | Timescales | Frequency |
|-----|--|--------------------|---|--|
| | Social skills group – pastoral team to work with a small group of Y7 girls on their social skills. SDQ/Boxall profiles to be completed pre support to identify areas to work on. | | 8 week intervention | Weekly |
| | Endeavour group support – 1:6 teaching group for literacy and numeracy. | | Ongoing – this is being monitored every few weeks. | Daily – 12 lessons each week as per timetable. |
| | Social Care Team support around the life story work. | | Pending – Social Care would like to wait until they feel M has settled at school before they begin this work. | |
| | Language group at school – working on the targets set by the Speech Therapist. Pre teaching of new vocabulary, word mats, visual support throughout daily work in school. | | M will need this on an ongoing basis moving forwards. | Weekly language group. |

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

Progression

| Is the child approaching a progression point? | Yes | | No | X |
|--|-----|--|----|---|
| Which progression point? | | | | |
| What concerns does the child or parent have regarding progression? | | | | |
| Who else do we need to involve in our discussion regarding progression? | | | | |

Reviews

| | | | |
|--|--------------|--------------------------|----|
| Next Review due by: | January 2016 | Date review held: | |
| Who should attend: | | | |
| Is escalation to EHCP likely at the review? | Yes | | No |

| | | | |
|--|-----|--------------------------|----|
| Next Review due by: | | Date review held: | |
| Who should attend: | | | |
| Is escalation to EHCP likely at the review? | Yes | | No |

| | | | |
|--|-----|--------------------------|----|
| Next Review due by: | | Date review held: | |
| Who should attend: | | | |
| Is escalation to EHCP likely at the review? | Yes | | No |

Closure

| | | | |
|--|-----|------------------------|----|
| Plan closed date: | | Closure reason: | |
| Plan passed to another setting? | Yes | | No |
| Which setting if yes? | | | |

Agreement - Date:

| | | | |
|-----------------------------|--|-------------------------------|------------|
| Name of Parent/Carer | | Relationship to child: | Nan |
|-----------------------------|--|-------------------------------|------------|

| | | | |
|-----------------------------|--|-------------------------------|------------|
| Name of Parent/Carer | | Relationship to child: | Nan |
|-----------------------------|--|-------------------------------|------------|

| | |
|---|--|
| Confidence in the plan achieving the outcomes on a 1-10 scale (1 being low): | |
|---|--|

| | |
|------------------|--|
| Comments: | |
|------------------|--|

My Plan – V3

Plan Start date: 03/12/2015



Select - if plan is being completed for an Immediate
Request for Statutory Assessment



One Page Profile/Child's View

What and who is important to me:

My family
My hair
My multi colour pen

Things I like doing:

I enjoy listening to Disney stories.
I am good at swimming
I enjoy telling jokes and playing horses with my friends
I enjoy maths, music, acting and PE
I like to go to the quiet zone at school

How you can help and communicate with me:

If I am feeling unhappy I will sometimes say "no" and need reminding to do as I have been asked. I sometimes need to choose from 2 options eg this, or that. I sometimes hurt people and need reminding to "have kind hands and feet". I need encouraging on the carpet to do good listening and to join in with class discussions. I enjoy having activities modelled to me so that I know what I am expected to do, I need a grown up to sit and encourage me to stay on task. If I am writing I need the adult to draw lines for me to write on and show me how many words are in each sentence.

My hopes and dreams:

I want to become an actor in musicals as I am good at dancing and singing.
I want to have a best friend who comes to tea at my house every week.

Consent to Share Information

Parental/Young Person Consent

As part of the My Plan for (*child's name*)..... , I understand that the process includes the collection of educational, health and social care advice and reports, where relevant.

I agree to professional reports submitted as part of the My Plan process for (*child's name*) being shared, if necessary with other professionals involved in order to support this process.

I understand that the personal information gathered will only be used by professionals from Sheffield City Council and other agencies to help make decisions and provide appropriate services to the above child.

I understand that Sheffield City Council and other professionals will share the minimum necessary information between people and organisations providing services that the above child is using, or is likely to use.

| | Name (please print) | Signature | Date |
|--|---------------------|-----------|------|
| Parent | | | |
| Child/Young Person (where applicable) | | | |

If there is any information or advice that the School or Local Authority may gather during the My Plan process that you wish to remain confidential, please give details below or contact the SEND team at the address given.

SEND 0-25 Team,
Level 5 North Wing,
Moorfoot,
Sheffield S1 4PL.
Tel: 0114 273 6394.
Email: ed-supportteam@sheffield.gov.uk

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1. Personal Details

| | | | |
|----------------------------------|-------------------------------|------------------------------|--------------------------|
| First Name: | Francesca | Middle name: | Jane |
| Family Name: | Miles | Date of Birth: | 30/09/2008 |
| I like to be known as: | Fran | Looked after child? | <input type="checkbox"/> |
| Home Address: | 12 Sample Street Sheffield | Postcode: | S11 8LX |
| | | Contact Phone Number: | 07989 553265 |
| Gender: | Female | UPN: | E373239415647Z |
| NHS Number (if relevant): | | Languages Spoken: | English |

2. Significant People - Parental Responsibility

| | | | |
|--------------------------------------|---------------------------|---------------------------------------|----------|
| Relationship to child: Parent | | | |
| First Name: | Genevieve | Family Name: | Miles |
| Home Address: | As above | Postcode: | As above |
| | | Contact Phone Number: | As above |
| Email address: | Click here to enter text. | Language Support Requirements: | None |

| | | | |
|--------------------------------------|---------------------------|---------------------------------------|----------|
| Relationship to child: Parent | | | |
| First Name: | James | Family Name: | Miles |
| Home Address: | As above | Postcode: | As abve |
| | | Contact Phone Number: | As ablve |
| Email address: | Click here to enter text. | Language Support Requirements: | None |

2a. Significant People – Who else is important to the child

| | | | |
|---------------------------------------|----------|---------------------------------------|----------|
| Relationship to child: Brother | | | |
| First Name: | Avery | Family Name: | Miles |
| Home Address: | As above | Postcode: | As above |
| | | Contact Phone Number: | As above |
| Email address: | NA | Language Support Requirements: | None |

| | | | |
|--------------------------------------|------------------------------|---------------------------------------|---------------------------|
| Relationship to child: Auntie | | | |
| First Name: | June | Family Name: | Jenkins |
| Home Address: | 16 Youth Street Sheffield | Postcode: | S5 8LR |
| | | Contact Phone Number: | Click here to enter text. |
| Email address: | NA | Language Support Requirements: | NA |

| | | | |
|--|------------------------------|---------------------------------------|-----------|
| Relationship to child: Grannie (paternal Grandmother) | | | |
| First Name: | Flora | Family Name: | Stephouse |
| Home Address: | 16 Young Street Sheffield | Postcode: | S6 3LH |
| | | Contact Phone Number: | |
| Email address: | NA | Language Support Requirements: | NA |

Add additional page

3. Details of Educational Setting

| | | | |
|-------------------------------------|---------------------------|----------------------------------|------------|
| School | | Date of admission: | 04/09/2013 |
| Address: | | National Curriculum Year: | 2 |
| Details of previous setting: | Click here to enter text. | | |

4. Professionals Providing Support

| | | | |
|---------------------------------|--|---|----------|
| Job Title: | GP | Name: | Dr Treet |
| Contact Address: | Abbey Health Centre Princes Road Sheffield | Postcode: | 31 5ML |
| | | Contact Phone Number: | |
| Type of Support Provided | | Referral to Ryegate. Referred to have tonsils removed as thought they were the cause of dribbling. General advice/support | |

| | | | |
|---------------------------------|----------------------------|--|-----------------|
| Job Title: | SENCO | Name: | Mrs Julia Jones |
| Contact Address: | Gentia Primary As above | Postcode: | As above |
| | | Contact Phone Number: | |
| Type of Support Provided | | Regular review meetings, liaising with other professionals, advice and feedback. | |

| | | | |
|---------------------------------|---|---|-------------|
| Job Title: | Family Of Schools Inclusion Support Leader | Name: | Zelda Smith |
| Contact Address: | | Postcode: | S20 4TA |
| | | Contact Phone Number: | |
| Type of Support Provided | | Initial/on-going assessment of learning, advice for home/school | |

Professionals Providing Support - continued

| | | | |
|---------------------------------|--|--|-------------|
| Job Title: | Occupational Therapist | Name: | Ruby Jonson |
| Contact Address: | The Ryegate Children's Centre Tapton Crescent Road Sheffield | Postcode: | S10 5DD |
| | | Contact Phone Number: | |
| Type of Support Provided | | Initial and on-going assessments. Advice for school & home – exercises/equipment. Gross motor programme to be implemented at school. | |

| | | | |
|---------------------------------|--|--|-----------------|
| Job Title: | Consultant Paediatrician | Name: | Dr Abbie Peters |
| Contact Address: | The Ryegate Children's Centre Tapton Crescent Road Sheffield | Postcode: | S10 5DD |
| | | Contact Phone Number: | |
| Type of Support Provided | | Initial assessment and regular review of progress. Advice and support given to parents | |

| | | | |
|---------------------------------|--|---|--------------|
| Job Title: | Speech and Language Therapy | Name: | Sarah Wasser |
| Contact Address: | The Ryegate Children's Centre Tapton Crescent Road Sheffield | Postcode: | S10 5DD |
| | | Contact Phone Number: | |
| Type of Support Provided | | Initial assessment. Review of progress. Exercises/recommendations for school/home | |

5. History and Background

| | |
|--|--|
| <p>Child's History and Background (include current educational levels and progress)</p> | <p>Fran was born at Jessops Hospital Sheffield, her birth Mum, was aged 46 and had a history of Mental Health issues. Fran was therefore placed in foster care immediately after birth.</p> <p>Fran knows she is adopted and still has contact with her foster carers, who have become family friends. Fran has had contact with her birth mother, grandmother and sister aged 6 years. Fran understands that her birth mother couldn't look after her and was placed with her current parents at 11 months of age. Fran is not interested in her birth family at the moment. Gen and James send an update to her mother once a year and she gets cards and photo's from her sister.</p> <p>At birth, Fran's head was on the 99th centile and had a hole in her heart. She has had numerous hospital consultants monitoring her development from birth.</p> <p>She has delayed motor skills - she was also a late walker and delayed speaker. Food was an issue and she had difficulties with weaning to solid food.</p> <p>Fran transferred her attachment from her foster carer to Gen. She was very upset at playgroup at 2 ½ years which stopped after several months. At Nursery age, Fran had delayed writing and social development. She was dribbling and had a general clumsiness in control and co-ordination. Fran transferred to Gentia School to begin in Reception, her class teacher's concerns and parental discussion led to a SALT referral for dribbling and motor co-ordination difficulties</p> |
| <p>What impact does the child's SEND have on the family?</p> | <p>Gen and James find Fran relatively easy to care for at home and she gets on well with her brother, Avery, who she looks up to.</p> |
| <p>Does family life have any impact on the child's learning?</p> | <p>Fran has a calm and loving family life.</p> |

6. Parent's View

| | | | | |
|--|--|--------------------------|----|-------------------------------------|
| Was the child's view section completed independently? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| If not who helped: | Mrs Tomson – Class teacher and Gen, mum | | | |
| Important information you need to know about our child: | Fran lives in a bungalow so is not very used to stairs. | | | |
| What our child is good at: | Fran is very interested in the news and her general knowledge is good because she retains the information. She likes and enjoys numbers and maths but gets mixed up at times. Fran is quite theatrical, she likes dancing and singing, making stories up. Fran understands people's emotions and shows empathy when she's not been involved with situation. She loves to make people laugh and always has a smile on her face too. She is resilient and acknowledges that she may not be able to do it but will try. | | | |
| What our child needs help with | Fran needs adult support with reading and writing. She has social and emotional needs so has difficulty with turn taking and peer co-operation. Fran will often blame others and cannot accept fault for her actions. She can also become fixated on female peer relationships and can get jealous of other close friendships. | | | |
| How you can best support and communicate with our child | Fran needs to have activities modelled by an adult, supported by clear visuals. She needs help to maintain her focus and concentration levels. Fran needs lots of repetition. She needs acknowledgement and approval that she is doing the right thing and responds well to praise. Fran needs adults to encourage her friendship and communication skills. | | | |
| Our hopes and dreams for our child's future | For Fran to form good relationships with people. To have a best friend. To be able to read and understand stories. To have singing lessons and go to a drama club and to follow her dream of being an actress. | | | |

7. Moving On (progression, transition)

| | | | | | |
|--|--|-----|-------------------------------------|----|--------------------------|
| Is the child approaching a progression point? | | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Which progression point? | Entering KS2 | | | | |
| What concerns does the child or parent have regarding progression? | <p>This will mean a move to another school. Fran's parents feel that the transition to the next school is the biggest concern regarding her future progression. These concerns include: continuity in teaching staff, the type/amount of support she receive, teaching staff's willingness to get to know Fran, 1:1 specialised provision, that the progress Fran has made could be undone & the gap in her attainment could widen</p> | | | | |
| Who else do we need to involve in our discussion regarding progression? | <p>Next school SENCO (Una Klink) , current school SENCO (Julia Jones), current class teacher (Mrs Franklin), parents</p> | | | | |

Record outcomes and support relevant to progression in Sections 12 and 13

8. Special Educational Needs and Strengths

| | | | | |
|---|--|---------------------------------------|--------------------|--------------------------|
| Communication and Interaction: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| What the child is good at: | Fran is really good at getting her point across and providing justification. She asks questions when she doesn't understand, particularly when hearing new vocabulary. Fran is also empathic to others when she is not at fault/involved in the situation/incident | | | |
| What the child needs help with: | Fran needs help to take ownership when she is in the wrong. She needs to understand that sometimes people/animals don't want her around and that they need their own personal space. Fran needs encouragement to develop peer relationships | | | |
| Any confirmed diagnoses: | Dyspraxia Waiting for further diagnosis from the Autism team (been waiting approx. 18 months/2 years) | | | |
| Sheffield Support Grid Category: | 1A Communication and Interaction - Speech and Language | Y <input checked="" type="checkbox"/> | Grid Level: | 2 |
| | 1B Communication and Interaction - Social Communication | Y <input checked="" type="checkbox"/> | Grid Level: | 2 |

| | | | | |
|---|--|---------------------------------------|--------------------|--------------------------|
| Cognition and Learning: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| What the child is good at: | Fran is good at storytelling and singing stories. She has a good imagination. She will ask for help or repetition. | | | |
| What the child needs help with: | Fran needs help with maintaining focus and her independence in learning, e.g. organising resources, task completion. Fran also needs help with recording activities and benefits from an adult modelling the task. | | | |
| Any confirmed diagnoses: | Currently investigating autism, developmental co-ordination disorder, and possible dyslexia. | | | |
| Sheffield Support Grid Category: | 2A Cognition and Learning - Learning | Y <input checked="" type="checkbox"/> | Grid Level: | 3 |
| | 2B Cognition and Learning - Specific Learning Difficulties | Y <input checked="" type="checkbox"/> | Grid Level: | 3 |

| | | | | |
|--|-----|-------------------------------------|----|--------------------------|
| Social, Emotional, and Mental Health: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|-------------------------------------|----|--------------------------|

| | | | | |
|---|---|---------------------------------------|--------------------|-----------------|
| What the child is good at: | Fran is empathetic to others when she is not at fault/involved in the situation/incident. She enjoys playing on her own and can occupy herself for significant periods of time. Fran really enjoys role play, singing the story and has a fantastic imagination | | | |
| What the child needs help with: | Jealousy of other friendships which can make her angry. | | | |
| Any confirmed diagnoses: | None to date | | | |
| Sheffield Support Grid Category: | 3A Social Emotional and Mental Health - Emotional Regulation | Y <input checked="" type="checkbox"/> | Grid Level: | 1 |
| | 3B Social Emotional and Mental Health - Mental Health | Y <input type="checkbox"/> | Grid Level: | Choose an item. |

| | | | | |
|---|--|---------------------------------------|--------------------|--------------------------|
| Hearing, Vision and Physical | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| What the child is good at: | Fran's has normal hearing. | | | |
| What the child needs help with: | Fran needs help with her co-ordination, gross and fine motor skills. She needs encouragement to use a pencil grip and colour filter in class. Fran needs to wear glasses in the classroom. | | | |
| Any confirmed diagnoses: | Glasses for short sight | | | |
| Sheffield Support Grid Category: | 4A Sensory and/or Physical Needs - Visual Impairment | Y <input type="checkbox"/> | Grid Level: | Choose an item. |
| | 4B - Sensory and/or Physical Needs - Hearing Impairment | Y <input type="checkbox"/> | Grid Level: | Choose an item. |
| | 4C Sensory and/or Physical Needs - Physical | Y <input checked="" type="checkbox"/> | Grid Level: | 3 |
| | 4D Sensory and/or Physical Needs - Medical | Y <input type="checkbox"/> | Grid Level: | Choose an item. |

| | | | | |
|--------------------------------|-----|-------------------------------------|----|--------------------------|
| Developing Independence | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

| | |
|--|---|
| What the child is good at: | Fran can dress herself (struggles with small fastenings) and has no problems with toileting. |
| What the child needs Help with: | Fran needs help with fastenings on her clothes – buttons, zips etc. She needs help cutting up food. |

9. Care and Social Care

| | | | | |
|---|-----|--------------------------|----|-------------------------------------|
| Does the child have any identified social care needs related to their SEN? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Is a Child Protection Plan in place? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Is a Child in Need Plan in place? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Is an FCAF in place? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Is a MAST Action plan in place? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| What the child needs help with? | NA | | | |
| What is in place to support this? | NA | | | |
| What else needs to be in place to support this? | NA | | | |
| CareFirst ID if relevant | NA | | | |

10. Health Needs and Strengths

| | | | | |
|--|--|-------------------------------------|----|-------------------------------------|
| Does the child have any identified health needs related to their SEN? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Is a Health Care Plan in place? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| What the child needs help with? | Fran has a diagnosis of Dyspraxia which affects her fine & gross motor skills. | | | |
| What is in place to support this? | Fran is seen regularly by Ryegate's OT (Occupational Therapist) who provides advice and support to the family and school. Fran receives 1:1 support twice weekly in school, from Mrs Smith who implements Fran's programme of exercises from the OT. In class, Fran has access to a pencil gripper & sloping board, she is also encouraged to sit correctly on her chair with her back flat to the back of it. | | | |
| What else needs to be in place to support this? | Fran's parent's are happy with this support and would like it to continue in the new school. | | | |

11. Any Reports/Attachments from professionals, setting etc

| Name of Report | From: | Date: |
|--|---|-----------------------------|
| Educational Psychologist Assessment | Sheffield Educational Psychology Service | 20/05/2015 |
| Motor Skills Assessment | Ruby Johnson | 01/07/2015 |
| Eating & drinking observation and advice | Sheffield Speech and Language Therapy | 07/04/2015 |
| Pupil monitoring report | Zelda Smith, Westfield FOS Inclusion Support Leader | 01/05/2015 |
| Summary of S&L therapy visit | Sarah Wasser, Ryegate | 01/02/2015 |
| Initial Assessment and monitoring report | Zelda Smith, Westfield FOS Inclusion Support Leader | 04/11/2014 |
| SEN Support meeting/review | Gentia Primary, Julia Jones, SENCO | 2013- 2015 |
| Neurodisability clinic report | Dr Peters, Ryegate | 01/12/2015 |
| IEPs nos 1-8 | Gentia Primary | Nov 2013 – Jan 2016 |
| Sheffield Educational Psychology service referral form | Gentia Primary, Julia Jones SENCO | 30/04/2015 |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

12. Outcomes (in SMART format)

| No. | Outcomes. The child will be able to... | By When? | Steps towards meeting the outcome | Progress Reviewed | Date achieved |
|-----|--|------------|--|---------------------------|-----------------------------|
| 1 | Fran will be able to read more common exception words on sight. | 01/07/2016 | By February half term Fran will be able to read 15 Common Exception Words eg said, she By Easter Fran will be able to read 10 more words and have revised her known words so that these are not forgotten By Spring Bank Fran will be able to read all 25 taught CEW's | Click here to enter text. | Click here to enter a date. |
| 2 | Fran will develop her fine/gross motor skills as evidence by her being able to fasten buttons, handle scissors and have improved her letter formation when writing | 01/07/2016 | By Easter, Fran will be able to; - fasten and unfasten buttons - write letters on the line - write each number within the box By Spring bank, Fran will be able to; - Use scissors with control - Form letters starting with a downward stroke correctly By July Fran will be able to: - Form all of the letters correctly | Click here to enter text. | Click here to enter a date. |
| 3 | Fran will increase her grapheme / phoneme correspondence. | 01/04/2016 | By Easter Fran will be able to; - match upper and lower case letters - draw the upper case letter for all letters when shown the lower case By Spring bank Fran will be able to; - be able to say the names of upper case letters - be able to say the phoneme when shown the upper and lower case letter | Click here to enter text. | Click here to enter a date. |

| | | | | | |
|---|--|------------|--|---------------------------|-----------------------------|
| 4 | Fran will be able to write a sentence with a capital letter, finger spaces between each word and a correct end mark. | 01/04/2016 | <p>By Easter Fran will be able to;</p> <ul style="list-style-type: none"> - use the upper case letters when writing with some support - leave spaces between words with some support - use a full stop to end a sentence - verbally dictate each sentence before writing <p>By Easter Fran will be able to;</p> <ul style="list-style-type: none"> - use upper case letters when writing independently - leave spaces between words independently - choose an appropriate end mark without adult support - verbally read her sentences aloud | Click here to enter text. | Click here to enter a date. |
| 5 | Fran will increase her independence skills. | 01/07/2016 | <p>By Easter Fran will be able to;</p> <ul style="list-style-type: none"> - start her table task - fasten and unfasten her buttons <p>By Spring bank Fran will be able to;</p> <ul style="list-style-type: none"> - zip up her coat - get changed for P.E. putting her clothes on the correct way around - tidy up her own things | Click here to enter text. | Click here to enter a date. |

Add additional page

13. Special Educational Support

| Linked Outcome No. | What is the support and who will implement it? | Timescales/ Frequency |
|--------------------|---|---|
| 1 | <ol style="list-style-type: none"> 1. Daily Precision teaching programme – Miss O’Brien 2. Daily Phonics intervention – Mrs Heaton 3. Daily 1:1 reading – Mrs Smith / Mrs Heaton 4. Guided reading group – Mrs Heaton 5. Lexia – Miss Rhead / Miss Wood 6. Support in class – Mrs Heaton / Miss O’Brien 7. Regular reading at home - Parents 8. Assessment of current attainment – Mrs Heaton / Mrs Jones(SENCO) 9. Daily 1:1 IEP support – Miss O’Brien / Mrs Heaton 10. Reading volunteer | <ol style="list-style-type: none"> 1. 5 mins daily 2. 15 mins daily 3. 15 mins daily 4. 20 mins x 4 times a week 5. 20 mins 2 x weekly 6. Daily 7. 3 x weekly 8. ½ termly 9. 15 mins daily 15 mins weekly |
| 2 | <ol style="list-style-type: none"> 1. Gross motor skills programme – 1:1 twice weekly – Mrs Smith 2. Class provision – pencil gripper, sloping board - Mrs Heaton / Miss O’Brien 3. Pre & post assessments - Mrs Heaton / Miss O’Brien 4. Support in P.E. - Mrs Heaton 5. Swimming lessons (Summer term) - Mrs Heaton / Miss O’Brien / Swimming coaches. Private swimming lessons. 6. Street Dance (after school provision) 7. Outdoor provision | <ol style="list-style-type: none"> 1. 20 mins 2 x weekly 2. Daily 3. ½ termly 4. 1 ½ weekly 5. 45 mins weekly 6. 1 hour weekly 7. 45 mins x 2 ½ termly |
| 3 | <ol style="list-style-type: none"> 1. 1:1 IEP support - Mrs Heaton / Miss O’Brien 2. S & L support – Miss Wu 3. Support in class - Mrs Heaton / Miss O’Brien 4. Phonics intervention - Mrs Heaton 5. Class resources - Mrs Heaton 6. Lexia - Miss O’/ Miss Wu 7. Reading volunteer | <ol style="list-style-type: none"> 1. 15 mins daily 2. 2 x weekly 3. Daily 4. 15 mins daily 5. Daily 6. 20 mins 2 x weekly 7. 15 mins weekly |

| | | |
|---|--|---|
| 4 | <ol style="list-style-type: none"> 1. Phonics intervention - Mrs Heaton 2. 1:1 reading - Mrs Heaton / Mrs Smith 3. Support in class - Mrs Heaton / Miss O'Brien 4. Assessment of current attainment - Mrs Heaton / Mrs Jones (SENCO) 5. 1:1 IEP support - Mrs Heaton / Miss O'Brien 6. Classroom resources - Mrs Heaton | <ol style="list-style-type: none"> 1. 15 mins daily 2. 15 mins daily 3. Daily 4. ½ termly 5. 15 mins daily 6. Daily |
| 5 | <ol style="list-style-type: none"> 1. Task board - Mrs Heaton / Miss O'Brien 2. Visual class timetable - Mrs Heaton 3. Praise & encouragement – All adults 4. Class buddies – Selected good role models 5. IEP support - Mrs Heaton / Miss O'Brien 6. Practise at home - Parents 7. Adult/peer modelling – - Mrs Heaton / Miss O'Brien 8. Good classroom routines/clear expectations - Mrs Heaton / Miss O'Brien | <ol style="list-style-type: none"> 1. Daily 2. Daily 3. Daily 4. Daily 5. 15 mins daily 6. On-going 7. Daily 8. Daily |

Add additional page

14. Agreement - Date:

02/03/2016

| | | | |
|--|---------------------------|-------------------------------|--------|
| Name of Parent/Carer | | Relationship to child: | Parent |
| Name of Parent/Carer | | Relationship to child: | Parent |
| Parental Confidence in the plan achieving the outcomes on a 1-10 scale (1 being low): | | | 6 |
| Setting Confidence in the plan achieving the outcomes on a 1-10 scale (1 being low): | | | 7 |
| Comments: | Click here to enter text. | | |

15. Reviews

| | | | | |
|--|------------------------------|--------------------------|----|-------------------------------------|
| First Review due by: | 15/07/2016 | | | |
| Who should attend: | Parents Mrs Jones - SENCO | | | |
| Is escalation likely at the review? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Date review held: | Click here to enter a date. | | | |
| Summary of Review Discussion: | Click here to enter text. | | | |

| | | | | |
|--|-----------------------------|--------------------------|----|--------------------------|
| Next Review due by: | Click here to enter a date. | | | |
| Who should attend: | Click here to enter text. | | | |
| Is escalation likely at the review? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Date review held: | Click here to enter a date. | | | |
| Summary of Review Discussion: | Click here to enter text. | | | |

| | | | | |
|--|-----------------------------|--------------------------|----|--------------------------|
| Next Review due by: | Click here to enter a date. | | | |
| Who should attend: | Click here to enter text. | | | |
| Is escalation likely at the review? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Date review held: | Click here to enter a date. | | | |
| Summary of Review Discussion: | Click here to enter text. | | | |

16. Closure and Sharing

| | | | | | |
|--|-----------------------------|--------------------------|-----------------|--------------------------|--|
| Plan closed date: | Click here to enter a date. | Closure reason: | Choose an item. | | |
| Plan passed to another setting? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Which setting if yes? | Click here to enter text. | | | | |