



Shiremoor Primary School
SEND SUPPORT PLAN



Pupil Support Plan

A Pupil Support Plan is for a pupil whose access to learning requires additional support and for whom the financial resources required to meet their educational needs can be met within the budgets available to school/colleges.

Child/young person			
Surname		[Child / young person's chosen picture or symbolic choice]	
Other names			
Address			
Date of birth			
Language at home			
Child/ young person's parent/s or person responsible			
Address if different		Relationship to pupil	
Telephone		Mobile	
Email			
Best time for contact		Best method of contact	
Any other important information e.g. medical, social, communication			

This is me	
What I want to do/be in the future	
Things I am good at	Things I find difficult
How I liked to be helped	
What is important to me now and in the future	
<i>If this section has been completed by or with someone else please fill in the details below</i>	
Name	Relationship

What the family think is important now and in the future

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Strengths and difficulties

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The outcomes we want to achieve

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Key people involved:			
Name	Role	Name	Role
The person responsible for monitoring this provision			
On a daily basis			
Responsible for support and additional provision			

The outcomes we want to see this year –				
No.	What we want to achieve and what success will look like	What approaches will be used	What provision will be made available	Review

SEND support – Individual Education Plan

Name:		School support:	Staff involved:	Outside agency involvement:
Year group:				
Class:				
SEND status				
Main category of need:				
Start date on SEND register				
This IEP start date:				
This IEP review date:				
The outcomes we want to see this term –				
No.	What we want to achieve and what success will look like	What approaches will be used	What provision will be made available	Review

Review**When will this plan be reviewed**

I agree that copies of this document may be shared with education and training providers who can help me.

Signatures		
Party	Signature	Date
Child/Young person		
Parent/s		
School		