Education setting / professionals may wish to insert organisation name and logo

**Rotherham: Early Years Support Plan**

Parents/education setting/professionals may wish to insert a photograph here

 For ………………………………….

 Start Date……………………………

**EYS Support Plan:** Brings together information to help plan, track and review progress and the resources used to support.

**Part 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent(s)/Carer(s) with Parental Responsibility |  | Child’s full name |  | Name of Setting |
|  |  |  |  |
| Relationship to child | Preferred name |  | Key contact |
|  |  |  |  |
| Address(es) & contact details | Date of birth |  | telephone |
|  |  |  |  |
| Telephone | Gender |  | Email |
|  |  |  |  |
| Email | Primary Need |  | UPN |
|  |  |  |  |
|  |  | Ethnicity |  | NHS number |
| Looked After? By which authority |  |  |  |  |
|  |  | Home language |  |  |
|  |  |  |  |  |

**Part 2** Details of meetings with parents/carers and child/young person:

|  |  |  |
| --- | --- | --- |
| Date and Type of Meeting | Attendees | Agreed Priorities/Outcomes/Actions |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Part 3** Contact details for all professionals involved (capture education, health, social care, voluntary etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Role/Designation | Name | Contact Details | Last involvement / advice given date |
|  |  |  |  |
|  |  |  |  |
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**Part 4**  ‘**All about me’,** *This section requires involvement of parent/carers and child –facilitated by an identified person known to the parent carer. It**will help promote a ‘Tell it Once’ approach identifying information about strengths and the challenges that need to be addressed to better support educational outcomes. Make sure to be clear whose words these are – child or parent*

|  |
| --- |
| **What people like and admire about me****What's important to me now….and in the future?****What's important for me now….and in the future?****Who is important to me – family, friends, support etc?****What does a good day / bad day look like?****What is working; what is not?****How best to support me?**Describe the support you need...  |

**Part 5** Skills/Strengths and Needs for Support as agreed with parents/carers and child/young/person and supporting professionals

|  |
| --- |
| **My Development** * **Family / Home Environment**

 * **Communication and Interaction**
* **Cognition, Learning and Play**
* **Social, Emotional and Mental Health**
* **Sensory and Physical** (including medical – please include relevant medical history and additional care information)
* **Independence and friendships**
 |

 **Part 6: Relevant observations, assessment and progress information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Development journal (suggested)  | Initial assessment | Date Assessed | Date Assessed | Date Assessed |
| Age when assessed | Age when assessed | Age when assessed | Age when assessed |
| Step  | Step | Progress | Step | Progress | Step | Progress |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Based on available information / assessments and evidence of development, identify:1. What’s working well? *(strengths)*
 |
|  |
| 1. What needs support to change? *(challenges / needs)*
 |
|  |

**Part 7: Agreed Priorities**

**Based on the information gathered so far, what are the agreed priorities** *the categories of need set out below are based on the Code of Practice. They will help determine agreed outcomes.*

| **Agreed priorities based on the identification of assessed need** |
| --- |
| Communication and Social Interaction |  |
| Cognition, Learning and Play |  |
| Social, Emotional, and Mental Health |  |
| Sensory and Physical |  |
| Independence and Friendships |  |

**Part 8 Agreed Plan** This part of the plan should be reviewed and updated at least three times annually, but it may require more frequent reviews depending on response to interventions and progress made. Just update and append pages as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name:  | DOB: | Year Group: | Start date: | Review due date: |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agreed outcomes** | **What will we do?****Include allocated resources or attach Individual provision map**  | **Who will?** | **Relevant training / qualifications** | **By when?** | **What will success look like?** **Can the difference made be recorded?** | **Family / community support** |
|  |  |  |  |  |  |  |
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**Part 9**

|  |
| --- |
| The following have agreed to work to and provide the support outlined in this plan |
|  |
| *Name* | *Role and Contact Details* | *Signature* |
| *(Parent/Carer)*  |  |  |
| *(Teacher)* |  |  |
| *(SENCo)* |  |  |
| *(Educational Psychologist)*  |  |  |
| *(GP / Paediatrician)*  |  |  |
| *(Therapist)*  |  |  |
| *(CaMHS)*  |  |  |
| *(Early Help / Social Worker)* |  |  |
| *(SEND Support Services* |  |  |

This SEN Support Plan has been agreed on (date) ; it should be circulated to everyone involved in supporting the child / young person as soon as possible after being agreed

Date of next meeting: Review meeting Date:

**Part 10 One Page Profile for Practitioner’s information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Name:**  | Yr. Group:  | Category of SEN:  | Author:  |

|  |  |  |
| --- | --- | --- |
| Latest Reading Age/date:  | SEN Support Date Commenced:  | Last Updated:  |

|  |  |
| --- | --- |
| Strengths/Capabilities | Recommended Teaching/Support Strategies |
| Difficulties |

|  |  |  |
| --- | --- | --- |
| Desired Outcomes:  | Progress towards Outcomes | Notes |
|  |  |  |