



**Special Educational Needs and Disability Support Plan (Early Years)**

| **Start Date** |  | **Review Date** |  |
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This SEND Support Plan can be used to support referral for statutory assessment for an Education, Health and Care Plan (EHCP) or a request for top-up funding.

The SEND Support Plan should be reviewed at the end of the Key Stage if extension of top-up funding is requested.

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| **Child’s details** |
| **Legal Surname** |  | **First Name** |  |
| **Date of Birth** |  | **M/F** |  |
| **Home Address** |  |

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| **Setting** |
| **Name** |  | **SENCo** |  |
| **Address** |  |
| **How many days per week does the child attend?** |  |

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| **Which services have been involved in the past two years?** (Add additional as necessary.) |
| **Service** |  | **Supporting professional** |  |
| **Service** |  | **Supporting professional** |  |

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| **Parent / Carer details** | **Additional Parent / Carer details** |
| **Title** |  | **Title** |  |
| **Surname** |  | **Surname** |  |
| **First Name** |  | **First Name** |  |
| **Home Address**  |  | **Home Address**  |  |
| **Telephone number(s)** |  | **Telephone number(s)** |  |
| **Email address** |  | **Email address** |  |
| **Relationship to child** |  | **Relationship to child** |  |

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| **Additional information*** Include here any relevant information on the child’s parents/carers or home situation, e.g. home language, armed forces family, etc.
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**ONE PAGE PROFILE**

* Attach here child’s story, including his/her views, interests and aspirations as told by the child and his/her family
* Include a photograph

**ATTAINMENT & PROGRESS**

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| **Early Years Foundation Stage levels*** This should indicate whether the child is working at 1/2 or 1/3 of their chronological age.
* A copy of your own attainment information could be attached instead.
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| **Additional information*** Comment here to give relevant information on attainment and progress, if needed
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**SPECIAL EDUCATIONAL NEEDS**

* If referring for statutory assessment or requesting top-up funding, please detail how the needs meet the criteria for an EHCP or top-up funding.

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| **Diagnosis*** Record here any conditions with which the child / young person has been diagnosed, if any
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| **Personal, Social and Emotional Development** |
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| **Communication and Language** |
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| **Physical Development** |
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| **Literacy** |
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| **Mathematics** |
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| **Understanding of the World** |
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| **Expressive Arts and Design** |
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**HEALTH NEEDS**

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| **Record here any known health needs as advised by health services*** Pleaseattach health report (if available)
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**SOCIAL CARE NEEDS**

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| **Record here any known social care needs as advised by social services*** Please attach social care report (if available)
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**OUTCOMES**

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| **Long term outcomes*** These should be agreed with the child / young person and their family
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| **Short-term outcomes*** These should be specific, measurable, achievable, realistic, and time-based
* A copy of your own targeted plan could be attached if relevant
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**EDUCATIONAL PROVISION**

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| **Current provision*** Detail here provision the setting has put in place, over time and presently
* This should show evidence of the assess → plan → do → review process
* Please give evidence of how the delegated funding is already being used
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| **Recommended provision*** Detail here provision recommended by the educational psychologist, specialist teacher, or other supporting professional
* Indicate here how top-up funding or an EHCP will enable the setting to implement provision
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**HEALTH PROVISION**

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| **Detail here input health services have provided to meet health needs** |
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**SOCIAL CARE PROVISION**

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| **Detail here input social care services have provided to meet care needs** |
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**ATTACHED REPORTS & ADDITIONAL DOCUMENTS**

Reports should not be more than 18 months old, unless especially relevant.

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| **List here reports from services or additional documents relevant to this SEND Support Plan** |
| **Name of document** |  | **Date** |  | **Supporting professional** |  |
| **Name of document** |  | **Date** |  | **Supporting professional** |  |
| **Name of document** |  | **Date** |  | **Supporting professional** |  |
| **Name of document** |  | **Date** |  | **Supporting professional** |  |
| **Name of document** |  | **Date** |  | **Supporting professional** |  |

**Consent to share information**

We may work with internal and external agencies in order to support your plan. These agencies are primarily health, education (schools) and our own social care teams. Working with these agencies may involve our sharing information you have provided in this plan, or gathering further information to support the details you have already provided. If you are happy to provide your consent to share this information in this way, please sign below.

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| **Signatures** |
| **Parent / Carer** |  | **Date** |  |
| **Supporting professional** |  | **Date** |  |

If you would **not** like to share this information please select which agencies we should refrain from sharing with by ticking the appropriate box.

**Education** [ ]  **Health** [ ]  **Social Care** [ ]

If you have any questions regarding this sharing, please contact the Leicestershire Special Educational Needs Assessment (SENA) Service:

**Email** senaservice@leics.gov.uk

**Phone** 0116 305 6600****