

Education Support Plan

<p>Principles:</p> <ul style="list-style-type: none"> • Child led and focused. • Inclusive in practice. • Holistic in view. • Needs led and outcome focused. 	<p>Purpose:</p> <ul style="list-style-type: none"> • Promote attachment aware and trauma informed approach and practice. • Add value to any other plans and provide SMART actions. • Increase visibility and understanding of needs of children who have experienced adversity. • Collaborative and inclusive of the views of the whole team around child. • Dynamic and flexible; responding to need and reflective in practice.
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My name is:

My education is provided by:

My year group:

SEN status: None/SEN support/EHCP (please provide the date of request or issue of an EHCP) _____

Why are we completing this plan?

I am in receipt of funding to support me. I receive £_____ every year.

People who support me:

Role	Name and contact details	Dates of involvement

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My experience of life so far:

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My thoughts:

How do I see my future?	How close am I to my future me now?
What would help me to get there?	Who would help me to get there?
I think I might find the following tricky...	I'd like the following to happen...
What is important for you to know about me...	I'd also like to share...

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My parent/guardian/carers comments or reflections on my current education provision:

A little bit about what I am currently doing:

Areas of study/interest/current school grades and/or information

Summary of discussion:

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Action Plan for the academic year

Current needs/priorities agreed in the meeting (not met by any other plan):

Current Priorities – Autumn Term	SMART/Measurable Outcomes	Interventions/Actions	Associated costs:	Review date and comments
1.				
2.				
3.				
Additional actions agreed at meeting:				

Current Priorities – Spring Term	SMART/Measurable Outcomes	Interventions/Actions	Associated costs:	Review date and comments
1.				
2.				
3.				
Additional actions agreed at meeting:				

Current Priorities – Summer Term	SMART/Measurable Outcomes	Interventions/Actions	Associated costs:	Review date and comments
1.				
2.				
3.				
Additional actions agreed at meeting:				

Date of Plan:	Review date:	Completed by:

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