

What everybody needs to know about me

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| My strengths, interests, Passions and Skills | Things that are important to me now |
|  |  |
| What I want for my future | What my parents want for my future |
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| Other things I’d like people to know | Other things my parents would like people to know |
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My Team

People in my Family

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| --- | --- | --- | --- | --- | --- | --- |
| Name | DOB | Gender | Relationship | Address | Contributed to My Plan | Parental responsibility  Y/N |
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Professionals supporting me and my family

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| Name | Role | Supporting | Contributed to My Plan | Agency | address/contact details |
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My Progress

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| Area of Learning | Attainment at previous review  (if applicable) | Current Attainment | If current attainment is below age expectations please identify potential barriers to learning. |
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My Special Educational Needs, Desired Outcomes and Provision

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| Summary of my SEN |
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| My Diagnoses and Conditions |
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| My Health Care Provision (If applicable) |
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| My Social Care Provision (if applicable) |
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| My Physical and Sensory Needs |
| Please provide details of the young person’s needs. |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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| My Independence and Care Needs |
| Please provide details of the young person’s needs. |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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| My Education and Learning Needs |
| Please provide details of the young person’s needs. |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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| My Communication and Interaction Needs |
| Please provide details of the young person’s needs. |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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| My Emotional and Behavioural Needs |
| Please provide details of the young person’s needs. |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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| My needs with regard to friendships and being part of the community |
| Please provide details of the young person’s needs. |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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Changes to support

To be completed at the review meeting

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| --- | --- | --- | --- |
| Details of outcome NOT achieved | Reason(s) why outcome was NOT achieved | Details of additional provision (if needed) | How will the additional provision be funded? |
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Please use the information in this table to complete a revised My Plan

Personal Details and Consent

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| --- | --- | --- | --- |
| Name of Pupil | | Sex | School Year |
| Date of Birth | |
| Is the pupil a Looked After Child/Young Person?  Yes No  Is the young person in receipt of Pupil Premium?  Yes No | | Attendance for current term  Actual/Possible | |
| Home Language | Ethnic Category  Bangladeshi **□** Black Other **□** Pakistani **□**  Black African **□** Chinese **□** White **□**  Black Caribbean **□** Indian **□** Other **□** | | |
| Address | | | |

**Please sign below to indicate that you:**

* Have contributed to the development of the My Plan.
* Understand the support that will be provided through the My Plan.
* Agree to a photo of the young person being used on the cover of their plan
* Agree to a copy of the plan being stored in the School’s and Local Authority’s SEN files.
* Consent to a copy of the plan being shared with the people listed in the ‘My Team’ section of this plan and with a Local Authority SEN Officer, if necessary.

……………………………………………………………………Young Person (if appropriate)

……………………………………………………………………Parent/Carer

……………………………………………………………………School representative / Plan author

……………………………………………………………………Date