**My Support Plan**

For

**XXXX**

|  |  |  |
| --- | --- | --- |
| MSP No. | Date | Review date |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- |
| **Young Person Personal Details** |
| Family Name | First Name (s) | DOB | Age | M/F | Setting | NC Year | Ethnic Origin  |
|  |  |  |  |  |  |  |  |
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| --- |
| **Young Person Home Details** |
| Address | Telephone | email |
|  |  |  |

 |
| **Significant Adults** |
| Family Name | First Name  | Relationship to Child | Parental responsibility? | Contact details(if different to above) |  Telephone |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section A:  *‘This is me…’***

If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.

Written by:

|  |
| --- |
| **The views, interests and aspirations of the young person and his/her family**  |
| What is my history?  |  |
| What are my home circumstances? |  |
| Who are my family and important people in my life? |  |
| What are my health needs? |  |
| **Likes and preferences** |
| What are my likes and hobbies? |  |
| What am I good at doing? |  |
| What thinks don’t I like? |  |
| What’s important for me? |  |
| What are my aspirations e.g. education, play, health, friendships, form, further education, work. |  |
| **My Support Needs** |
| What do people do for me? |  |
| What’s working well for me? |  |
| What could be better for me? |  |
| How to communicate with me and engage me in decision making. |  |

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| ***Parents’ Views:*** |
| What is working for my child now |  |
| What is not working so well for my child at the moment |  |
| What would make things better for my child |  |
| What are my goals and aspirations for my child? |  |
| Short term - the next 6-12 months |  |
| Long term - what I want for my child’s future beyond next year and ‘when they are an adult’ |  |

**Section B : Educational Needs**

|  |
| --- |
| **Area of Need: Cognition and Learning** |
| Current attainment: (*National Curriculum Age Related Expectations / EYFS / Developmental Journal*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?SEN Range:Summary of Needs: What does the young person need to do next?*
 |

|  |
| --- |
| **Area of Need : Communication and Interaction** |
| Current attainment: (*EYFS / Developmental Journal/ Other*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?SEN Range:Summary of Needs: What does the young person need to do next?*
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|  |
| --- |
| Area of Need: Social, Emotional and Mental Health Needs |
| Current attainment: (*EYFS / Developmental Journal / Other*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?SEN Range:Summary of Needs: What does the young person need to do next?*
 |

|  |
| --- |
| **Areas of Need: Sensory and or Physical Needs** |
| Current attainment: (*EYFS / Developmental Journal / Other*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?SEN Range:Summary of Needs: What does the young person need to do next?*
 |

**Section C: Health Needs**

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| --- |
| Summary of X’s health needs which relate to their special educational needs. |
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| **Please note the details of any agencies that you know are currently or have been involved with the young person and the family in relation to medical needs** |
| **Name** | **Agency** | **Contact Details** | **Report attached?** |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |

**Section D: Social Needs**

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| Summary of X’s social needs which relate to their SEN. |
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| Children’s Social Care Involvement  |
| Type of Involvement | Current  | Previous | Details |
| Child Protection Plan |  |  |  |
| Child in Need Plan |  |  |  |
| Looked After Children |  |  |  |
| Early Help |  |  |  |

**Section E and F: OUTCOMES AND PROVISION**

**Educational Outcomes and Provision to meet identified needs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Need (from Section B) | Outcomes Sought(Section E) | Educational Provision to be made(Section F) | Total/ week(mins) | Cost | Funded via: |
|  |  |  |  |  | Element 1 & 2 SEND funding (up to £10K) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  | MSP Funding request |

**Appendix 1: Advice and Information**

The advice and information gathered during the MSP process should be set out in appendices to the MSP. There should be a list of this advice and information.

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| --- |
| Please name everyone who has contributed and written this My Support Plan |
| Name | Title | Involvement | Report Attached |
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|  |  |  |  |

**Appendix 2: My Support Plan Resource Sheet**

|  |  |
| --- | --- |
| **Type and Source of Funding** | **Value** |
| Delegated Funding to support special educational needs (Elements 1 & 2) |  |
| Additional MSP funding requested (Element 3 - max £3000) |  |

**Appendix 3: MSP Moderation and Agreement**

|  |  |
| --- | --- |
| **This plan was completed by (Senco):** | **Date** |
| **SEN Moderation by:** | **Date** |
| **Funding agreed by:** | **Date** |
| **Logged and Actioned by:** | **Date** |
| **Comments:** |  |