Date: **SEN Support Plan Overview**

Review Date: (To be used at Ranges 1 and 2 as an extension of QFT)

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| **Name:** | **D.O.B:** | **Year Group:** |
| **Primary area of need:** | **Secondary area of need:** | **Tertiary area of need:** |
| **Medical Diagnosis:**  |
| **Outside Agency Support**  |
| **Agency** (highlight as appropriate) | **Chronology of involvement** (dates) |
| Autism Outreach Team (AOT) |  |
| Paediatrician  |  |
| Child and Adolescent Mental Health Service (CAMHS) |  |
| Speech and Language Therapy (SALT)  |  |
| Educational Psychologist (EP) |  |
| Strengthening Families (SF) |  |
| Children and Young People’s service (CYPS)  |  |
| Other: |  |
| **Pupil/Young Person Profile** |
| **Area of Need** | **SEND Range**  | **Brief description of need** (with reference to range descriptors) | **Longer Term Outcomes** (to be read in conjunction with, and referenced against whole school provision mapping) | **PfA Link** |
| Cognition and learning |  |  | 1. |  |
| 2. |  |
| Communication and Interaction |  |  | 1. |  |
| 2. |  |
| Social, Emotional and Mental Health |  |  | 1. |  |
| 2. |  |
| Physical, Sensory and Medical |  |  | 1. |  |
| 2. |  |