Date: **SEN Support Plan Overview**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | |  |