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| --- |
| My Plan |
| Plan Start date:  |



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| Select - if plan is being completed for an Immediate Request for Statutory Assessment ☐ |



# One Page Profile/Child’s View

|  |
| --- |
| **What and who is important to me:** |
|  |
| **Things I like doing:** |
|  |
| **How you can help and communicate with me:** |
|  |
| **My hopes and dreams:** |
|  |

# Consent to Share Information

**Parental/Young Person Consent**

As part of the My Plan for *(child’s name)…………………………………. ,* I understand that the process includes the collection of educational, health and social care advice and reports, where relevant.

I agree to professional reports submitted as part of the My Plan process for *(child’s name)* ………………………………..………………………………………. being shared, if necessary with other professionals involved in order to support this process.

I understand that the personal information gathered will only be used by professionals from Sheffield City Council and other agencies to help make decisions and provide appropriate services to the above child.

I understand that Sheffield City Council and other professionals will share the minimum necessary information between people and organisations providing services that the above child is using, or is likely to use.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name (please print) | Signature | Date |
| Parent |  |  |  |
| Child/Young Person (where applicable)  |  |  |  |

If there is any information or advice that the School or Local Authority may gather during the My Plan process that you wish to remain confidential, please give details below or contact the SEND team at the address given.

|  |
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SEND 0-25 Team,

Level 5 North Wing,

Moorfoot,

Sheffield S1 4PL.

Tel: 0114 273 6394.

Email: ed-supportteam@sheffield.gov.uk

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|  |
| --- |
| 1. Personal Details |
| First Name: |  | **Middle name:** |  |
| Family Name: |  | **Date of Birth:** |  |
| I like to be known as:  |  | **Looked after child?** | ☐ |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Gender: |  | **UPN:** |  |
| NHS Number (if relevant): |  | **Languages Spoken:** |  |

|  |
| --- |
| 2. Significant People – Parental Responsibility |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |

|  |  |
| --- | --- |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |

|  |
| --- |
| 2a. Significant People – Who else is important to the child |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |

|  |  |
| --- | --- |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |

|  |  |
| --- | --- |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |
|  |  |

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| --- |
| 2a. Significant People – Who else is important to the child |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |

|  |  |
| --- | --- |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |

|  |  |
| --- | --- |
| Relationship to child: |  |
| First Name: |  | **Family Name:** |  |
| Home Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Email address: |  | **Language Support Requirements:** |  |
|  | **[x]**  |

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| --- |
| 3. Details of Educational Setting |
| Name of setting:  |  | **Date of admission:** |  |
| Address: |  | **National Curriculum Year:** |  |
| Details of previous setting: |  |

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| 4. Professionals Providing Support |
| Job Title: |  | **Name:** |  |
| Contact Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Type of Support Provided |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Name: |  |
| Contact Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Type of Support Provided |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Name: |  |
| Contact Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Type of Support Provided |  |

|  |
| --- |
| Professionals Providing Support - continued |
| Job Title: |  | **Name:** |  |
| Contact Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Type of Support Provided |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Name: |  |
| Contact Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Type of Support Provided |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Name: |  |
| Contact Address: |  | **Postcode:** |  |
| **Contact Phone Number:** |  |
| Type of Support Provided |  |

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| 5. History and Background |
| Child’s History and Background(include current educational levels and progress) |  |
| What impact does the child's SEND have on the family? |  |
| Does family life have any impact on the child's learning? |  |

|  |
| --- |
| 6. Parent’s View |
| Was the child’s view section completed independently? | Yes | ☐ | No | ☐ |
| If not who helped: |  |
| Important information you need to know about our child: |  |
| What our child is good at: |  |
| What our child needs help with  |  |
| How you can best support and communicate with our child |  |
| Our hopes and dreams for our child’s future |  |

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| --- |
| 7. Moving On (progression, transition) |
| Is the child approaching a progression point? | Yes | ☐ | No | ☐ |
| Which progression point? |  |
| What concerns does the child or parent have regarding progression? |  |
| Who else do we need to involve in our discussion regarding progression? |  |

***Record outcomes and support relevant to progression in Sections 12 and 13***

|  |
| --- |
| 8. Special Educational Needs and Strengths |
| *Communication and Interaction:* | Yes | ☐ | No | ☐ |
| What the child is good at: |  |
| What the child needs help with: |  |
| Any confirmed diagnoses: |  |
| Sheffield Support Grid Category: | **1A Communication and Interaction - Speech and Language** | Y☐ | **Grid Level:** |  |
| **1B Communication and Interaction - Social Communication** | Y☐ | **Grid Level:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Cognition and Learning:* | Yes | ☐ | No | ☐ |
| What the child is good at: |  |
| What the child needs help with: |  |
| Any confirmed diagnoses: |  |
| Sheffield Support Grid Category: | **2A Cognition and Learning - Learning** | Y☐ | **Grid Level:** |  |
| **2B Cognition and Learning - Specific Learning Difficulties** | Y☐ | **Grid Level:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Social, Emotional, and Mental Health:* | Yes | ☐ | No | ☐ |
| What the child is good at: |  |
| What the child needs help with: |  |
| Any confirmed diagnoses: |  |
| Sheffield Support Grid Category: | **3A Social Emotional and Mental Health - Emotional Regulation** | Y☐ | **Grid Level:** |  |
| **3B Social Emotional and Mental Health - Mental Health** | Y☐ | **Grid Level:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Hearing, Vision and Physical* | Yes | ☐ | No | ☐ |
| What the child is good at: |  |
| What the child needs help with: |  |
| Any confirmed diagnoses: |  |
| Sheffield Support Grid Category: | **4A Sensory and/or Physical Needs - Visual Impairment** | Y☐ | **Grid Level:** |  |
| **4B - Sensory and/or Physical Needs - Hearing Impairment** | Y☐ | **Grid Level:** |  |
| **4C Sensory and/or Physical Needs - Physical** | Y☐ | **Grid Level:** |  |
| **4D Sensory and/or Physical Needs - Medical** | Y☐ | **Grid Level:** |  |

|  |  |  |  |  |
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| *Developing Independence* | Yes | ☐ | No | ☐ |
| What the child is good at: |  |
| What the child needs Help with: |  |

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| 9. Care and Social Care |
| Does the child have any identified social care needs related to their SEN? | Yes | ☐ | No | ☐ |
| Is a Child Protection Plan in place? | Yes | ☐ | No | ☐ |
| Is a Child in Need Plan in place? | Yes | ☐ | No | ☐ |
| Is an FCAF in place? | Yes | ☐ | No | ☐ |
| Is a MAST Action plan in place? | Yes | ☐ | No | ☐ |
| What the child needs help with? |  |
| What is in place to support this? |  |
| What else needs to be in place to support this? |  |
| CareFirst ID if relevant |  |

|  |
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| 10. Health Needs and Strengths |
| Does the child have any identified health needs related to their SEN? | Yes | ☐ | No | ☐ |
| Is a Health Care Plan in place?  | Yes | ☐ | No | ☐ |
| What the child needs help with? |  |
| What is in place to support this? |  |
| What else needs to be in place to support this? |  |

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| 11. Any Reports/Attachments from professionals, setting etc |
| Name of Report | **From:** | **Date:** |
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| 12. Outcomes (in SMART format) |
| No. | **Outcomes.** **The child will be able to…** | **By When?** | **Steps towards meeting the outcome** | **Progress Reviewed** | **Date achieved** |
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| 12. Outcomes (in SMART format) |
| No. | **Outcomes.** **The child will be able to…** | **By When?** | **Steps towards meeting the outcome** | **Progress Reviewed** | **Date achieved** |
|  |  |  |  |  |  |
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|  | **[x]**  |

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| 13. Special Educational Support |
| Linked Outcome No. | **What is the support and who will implement it?** | **Timescales/****Frequency** |
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| 14. Agreement – Date: |  |
| Name of Parent/Carer |  | **Relationship to child:** |  |
| Name of Parent/Carer |  | **Relationship to child:** |  |
| Parental Confidence in the plan achieving the outcomes on a 1-10 scale (1 being low): |  |
| Setting Confidence in the plan achieving the outcomes on a 1-10 scale (1 being low): |  |
| Comments: |  |
|   |  |

|  |
| --- |
| 15. Reviews |
| First Review due by: |  |
| Who should attend: |  |
| Is escalation likely at the review? | Yes | ☐ | No | ☐ |
| Date review held: |  |
| Summary of Review Discussion: |  |

|  |  |
| --- | --- |
| Next Review due by:  |  |
| Who should attend: |  |
| Is escalation likely at the review? | Yes | ☐ | No | ☐ |
| Date review held: |  |
| Summary of Review Discussion: |  |

|  |  |
| --- | --- |
| Next Review due by: |  |
| Who should attend: |  |
| Is escalation likely at the review? | Yes | ☐ | No | ☐ |
| Date review held: |  |
| Summary of Review Discussion: |  |

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| --- |
| 16. Closure and Sharing |
| Plan closed date: |  | **Closure reason:** |  |
| Plan passed to another setting? | Yes | ☐ | No | ☐ |
| Which setting if yes? |  |