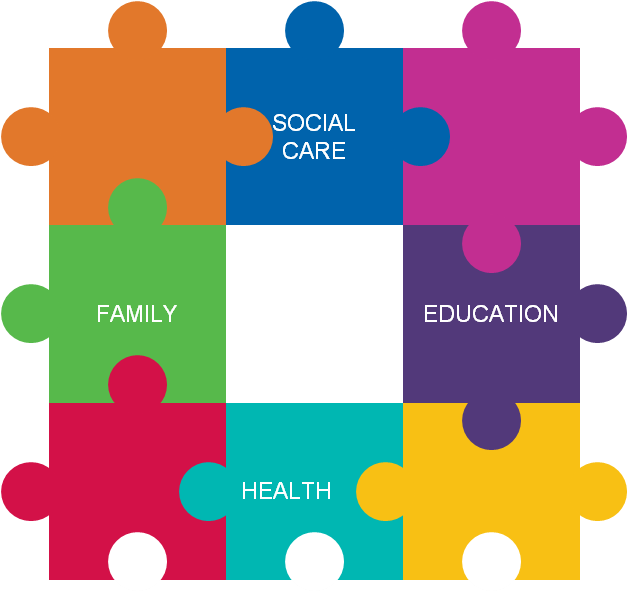
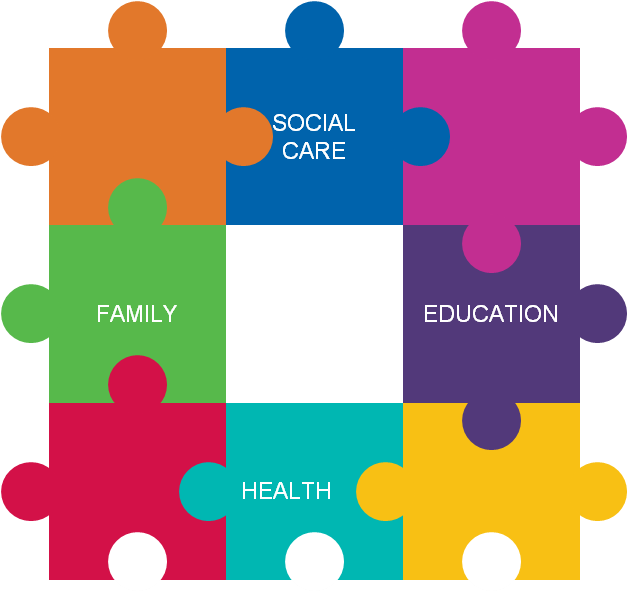
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**Insert the one page profile here**

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| --- | --- | --- |
| **First Name** | **Surname** | **Preferred Name** |
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| --- | --- | --- |
| **Home Address** | **Date of Birth** | **Gender** |
|  |  |  |
| **Home Language** | **Ethnic Origin** |

**My family and people who are important to me**

**Parent(s) or carer(s):**

|  |  |
| --- | --- |
| **Names** | **Addresses (if different)** |
|  |  |
| **Parental responsibility?** |
|  |
| **Phone number** | **Email** |
|  |  |

**Other people who are important to me**

|  |  |
| --- | --- |
| **Name** | **Who they are and why they are important** |
|  |  |

**Everyone’s views on what’s working well or not working**

|  |  |
| --- | --- |
| **What’s Working** | **What’s Not Working** |
|  |  |
| **Parent views** |  |
| **Setting views** |  |
| **Other professional views** |  |

**All about me**

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| --- |
| **My health, physical development and mobility** |
| . |

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| **How I communicate (and how to communicate with me)** |
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| --- |
| **How I feel, behave and get on with others** |
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| **My learning, understanding, working out things & solving problems** |
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| **My family, my home and where I live** |
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| **Taking care of and doing things for myself, keeping safe** |
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| **Activities and having fun** |
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| **Future Plans** |
|  |

**Main Identified Needs**

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| **What outcomes do I want?** | **What are my needs?** | **What will help me get there?** |
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**Advice and Information used**

|  |  |  |
| --- | --- | --- |
| **Document/Information** | **Written by** | **Dated** |
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| --- |
| **Next Review Date** |
|  |

**Dated ……………………………..**

**Signed by all those who took part in this My Support Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child / Young person** | **Parents / Carers** | **Teacher/Tutor** | **SENCO** |
|  |  |  |  |
| **Specialist** | **Teaching assistant** | **Other** | **Other** |
|  |  |  |  |

**My Support Plan Review 1 Date 9th March 2018**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attendees** | | | | | **Role** |
|  | | | | |  |
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|  | | | | |  |
| **New advice or involvement of outside agencies** | | | | | **Date** |
|  | | | | |  |
| **Views on what’s working / not working** | | | | |  |
| **Child / young person** |  | |  | | |
| **Parent/carer** |  | |  | | |
| **School or setting** |  | |  | | |
| **Outside Agency** |  | |  | | |
| **Additional or revised outcomes?** | | **Any new or clarified needs?** | | **Any changes to help?** | |
|  | |  | |  | |
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|  | |  | |  | |
| **Actions and next review date**  NEXT MEETING: | | | | | |

**My Support Plan Review 2 Date**

**Consent to share this information with other agencies (if required)**

|  |  |
| --- | --- |
|  | |
| We need consent to be able to work with other professionals to offer the best help possible. Please read this page and sign below if you are happy for us to share the information in this My Support Plan with other professionals in order to coordinate support. | |
| **Data Protection** | |
| Wiltshire Council is a data controller under the Data Protection Act 1998 and will comply with the requirements of the Act at all times. We will ensure that your information is treated in confidence and used only for the purpose of supporting you or your child through the My Support Plan process. | |
| **Consent statement** | |
| I have read the contents of this My Support Plan and understand information may be shared between different professionals working with my family in connection with this early help process. Such professionals may include, amongst others, teachers, nurses, therapists, psychologists, youth workers, social workers, education support services, integrated youth services, community health services, early years services, voluntary sector, police, army welfare, bordering local authorities and lead professionals in other counties as appropriate (you can note any exceptions below). | |

|  |  |
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| **Giving your consent** | |
| ***I have read and understood the consent statement above.***  ***I am aware of and understand the reasons for this My Support Plan.***  ***I/we have given consent to this My Support Plan and also give consent for it to be registered & shared (including with lead professionals in other local authority areas as appropriate).*** | |
| **Parent/Carer:**  Signature:  Date  **Child or young person:**  Signature:  Date: | **Parent/Carer:**  Signature:  Date |

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| **Exceptions:** | |
| Please state any services or agencies you **do not** wish to share information with and give supporting reasons. | Child or young person:  Parent/Carer: |

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| **For the professional completing and registering this form:** | | |
| I confirm the original copy of this My Support Plan has been given to the child young person **and/or**  I confirm the original copy of My Support Plan has been given to the parent(s)/carer(s). | | |
| Name: | Signature: | Date: |

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| **Early years settings’ information about attainment and progress (this must be included if requesting a EHC needs assessment)** | | | | |
|  | | | | |
| **Current attainments from standardised tests**  (assessed within 3 months of making a request and should cover basics skills and any other relevant areas) | | | | |
| Name of test and administrator | Date and chronological age | Age equivalent | Standard Score | Percentile |
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| **Information on progress in the curriculum and towards other outcomes** | | | | |
| **Early Years Foundation Stage aspect** | **Attainment at previous review**  **(please describe the learning outcome)**  **Date:** | **Current Assessment**  **(please describe the learning outcome)**  **Date:** | **Predicted level or age expectations** | **If current attainment is below age expectations please give detailed comments.**  **Please include barriers to learning, e.g. attendance issues, self-esteem/confidence issues etc. and note the support given.** |
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| **School information about attainment and progress (this must be included if requesting a EHC needs assessment)** | | | | |
|  | | | | |
| **Current attainments from standardised tests**  (assessed within 3 months of making a request and should cover basics skills and any other relevant areas) | | | | |
| Name of test and administrator | Date and chronological age | Age equivalent | Standard Score | Percentile |
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| **Results from previous standardised attainment tests** | | | | |
| Name of test and administrator | Date and chronological age | Age equivalent | Standard Score | Percentile |
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| **Information about progress in the curriculum and towards other relevant outcomes** | | | |
|  | Current assessment against end of keystage expectations  or other progress measure (date) | Assessment against end of keystage expectations  or other progress measure at last review (date) | Previous assessment against end of keystage expectations  or other progress measure (date) |
| English |  |  |  |
| Maths |  |  |  |
| Science |  |  |  |
| Other |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College information about attainment and progress towards achieving course outcomes (this must be included if requesting a EHC needs assessment)** | | | | |
|  | | | | |
| **Current attainments from standardised tests**  (assessed within 3 months of making a request and should cover basics skills and any other relevant areas) | | | | |
| Name of test and administrator | Date and chronological age | Age equivalent | Standard Score | Percentile |
|  |  |  |  |  |
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| **Information about progress in the curriculum and towards other relevant outcomes** | | | |
|  | Current NC level or other progress measure (date) | NC level or other progress measure at last review (date) | Previous NC level or other progress measure (date) |
| English |  |  |  |
| Maths |  |  |  |
| Science |  |  |  |
| Other |  |  |  |