


School Support Plan

Name:
Class:

DOB:
HTNF band: C PP: no

	<p>Strengths and interests (to be completed by everyone parents, TAs, Child, teacher, other professionals/staff)</p>	<p>Hopes and Dreams (to be completed by child, parent and teacher)</p>
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ASSESS

Concerns, Diagnosis, What does it look like? Include dates			
Communication and interaction	Cognition and learning	Social, emotional and mental health	Physical and sensory

Teacher Assessments																						
	Reception			1			2			3			4			5			6			
	A	Sp	Su	A	Sp	Su	A	Sp	Su	A	Sp	Su	A	Sp	Su	A	Sp	Su	A	Sp	Su	
Reading																						
Writing																						
Maths																						

Other Assessments (In or outside of school)		

PLAN, DO & REVIEW

<p>Long Term Outcomes (linked to needs) - For X to achieve.. so that he could.. -</p>
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Short Term Outcomes (Linked to long term outcomes, include school, home and self-help strategies)		
Autumn 2021		
Outcome/Goal/Target	Strategies to support	Review Date 23/07/12 What progress was made? Were the strategies effective?
		School:
		Family:
		School:
		Family:
Spring 2022		



CLARE COMMUNITY
PRIMARY SCHOOL

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Name:

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Outcome/Goal/Target	Strategies to support	Review Date 23/07/12
		School: Family:
		School: Family:

Summer 2022

Outcome/Goal/Target	Strategies to support	Review Date 23/07/12
		School: Family:
		School: Family:

Ongoing Provision

Start Date	Provision	Review Date and comment (still using?)

