|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Childs Name** |  | | | Date of Birth |  | Class/Teacher |  |
| Date/Term |  | | | GSP? /Level | Y/N | Expiry Date |  |
| **Assess** - What assessments have informed this plan? (Date/Name) | | | | | | | |
| Family / Child / Young Person |  | | | | Educational Psychologist |  | |
| Education |  | | | | Social Care/Early Help |  | |
|  | | | | Health/Medical |  | |
| Outreach/LSAT |  | | | | Other |  | |
| **What are the special educational needs? *(****barriers to learning)* | | | | | | | |
| **1.** | | | | | | | |
| **2.** | | | | | | | |
| **3.** | | | | | | | |
| **4.** | | | | | | | |
| **Are there any behaviour concerns?** | | | | | | | |
| **Yes** | | **No** | If **‘Yes’** please attach an **Individual Behaviour Support Plan** | | | | |
| **Has there been a Pupil planning Meeting?** | | | **Details** | | | | |
| **Yes** | | **No** |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Long Term Outcomes**  *(Add/remove the number of outcomes as required)* | | **Evaluation**  *(To be completed at the end of the year/GSP funding period)* |
| ***Outcome 1*** |  |  |
| ***Outcome 2*** |  |  |
| ***Outcome 3*** |  |  |
| ***Outcome 4*** |  |  |

|  |  |
| --- | --- |
| ***Short-term Outcome 1- Termly*** *(add additional terms as required)* | |
| **Plan -** *Outcome* | |
|  | |
| **Do** *– Intervention/Support/Provision* | *Frequency/duration/grouping/who?* |
|  |  |
| **Review –** *Impact/Progress* | Date: |
|  | |

|  |  |
| --- | --- |
| ***Short-term Outcome 2*** | |
| **Plan -** *Outcome* | |
|  | |
| **Do** *– Intervention/Support/Provision* | *Frequency/duration/grouping/who?* |
|  |  |
| **Review –** *Impact/Progress* | Date: |
|  | |

|  |  |
| --- | --- |
| ***Short-term Outcome 3*** | |
| **Plan -** *Outcome* | |
|  | |
| **Do** *– Intervention/Support/Provision* | *Frequency/duration/grouping/who?* |
|  |  |
| **Review –** *Impact/Progress* | Date: |
|  | |

|  |  |
| --- | --- |
| ***Short-term Outcome 4*** | |
| **Plan -** *Outcome* | |
|  | |
| **Do** *– Intervention/Support/Provision* | *Frequency/duration/Grouping/who?* |
|  |  |
| **Review –** *Impact/Progress* | Date: |
|  | |

|  |
| --- |
| **Parent / Carer’s view** |
|  |
| **Pupil’s views** |
|  |

|  |  |  |
| --- | --- | --- |
| **Staff member responsible for completing the evaluation** | | |
| Name: | Designation: | Date: |