

xxxx's Support Plan

(non-statutory)

attending

xxxxxx Pre-School

**Space for
photograph of
child.**

N.B. Only insert
photograph if parental
permission is obtained
or if the young person
(aged 16+) approves it

Part 1: Personal Details

Full Name:			
Home Address:			
Date of Birth		Gender	
Ethnicity		Religion	
Name of parent(s)/person(s) with parental responsibility /Next of Kin			
Home Address:			
Telephone Number:			
Email address (optional)			
Who I live with (c/o address if different from above:			
ID Number (CareFirst, ICS)		Legal Status	

Status of the plan	Date
Non-statutory support plan	
3 month Review Date	
6 month Review Date	
9 month Review Date	
12 month Review Date	

This plan has been written in conjunction with <insert name of parents> and the professionals listed in Part 8.

The views reflected in Part 2 have been gathered during a child-centred assessment planning meeting and include those **of Child and her parents** as well as the adults who support them.

Child's Family – strengths and needs

Parent's views and aspirations for Child

Part 2: All About Child

Views, Interests and Aspirations

These are the things that are important for me now and in the future

These are the things that are working well for me at the moment

These are the things that are not working well for me at the moment

Part 3A: Current Additional Needs

Communication and interaction

Cognition and learning

Social, emotional and mental health

Sensory and/or physical needs (including health needs)

Does Child have any medical needs?

Family Support Needs

Part 4: Support Plan for the next 3 months

Outcome Number	Intended Outcomes – what will this mean for Child	What is the provision required to support Child	How often will this happen?	Who will provide this support? (named post/person/people and agency)
Communication, Language and Literacy				
Social and emotional development				
Physical development (including sensory)				
Key characteristics of learning				

Outcome Number	Health Outcomes	What is the health and medical provision required to support Child	How often will this happen?	Who will provide this support? (named post/person/people and agency)

Outcome Number	Family Outcomes	What is provision required to support Child and her family	How often will this happen?	Who will provide this support? (named post/person/people and agency)

People Involved in development of this Support Plan:			
Name	Designation – What role do they play	Address	Telephone Number

Setting details	
Name of Setting	
Type of Setting	
Contact name and role	
Address	

Additional resource required	Cost
	£
	£
	£
	£
TOTAL	£

**Description of how these additional resources will be used to support the Outcomes plan
(Attach supporting evidence/documents)**

Date plan submitted:	
Declaration: This grant will be used to provide additional resources to facilitate the inclusion of the above-named child in our setting. We understand the requirement to review the impact on the child's progress towards the Outcomes identified in this Support Plan and that that the money may be ceased if these conditions are breached.	
Signed:	Date:
Name:	Designation:

Panel Decision		YES /NO
Reason (if declined)		
Name	Signature	Date
Lead Professional who will monitor plan and attached resources		

