[Email address]

Assess Plan Do Review

APDR number ….

Add school logo and any other personal details to ensure that this is a personalised plan

Person centred plan for ……

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Childs Name** |  | Date of Birth |  | Year |  |
| Date/Term |  | Class/Teacher |  | CIC? (Yes/No) |  |
| **Assess** - What assessments have informed this plan? (Date/Name) |
| Family / Child  |  | Educational Psychologist |  |
| Education (school) |  | Social Care/Early Help |  |
|  | Health/Medical |  |
| Education (outreach) |  | Other |  |
| **Summary of special educational needs *(****barriers to learning)* **based on assessments***.* **Provide a brief description of presenting special educational needs as well as relative strengths (include any diagnoses).** **Please consider primary area of need as well as any associated or additional secondary areas of need.**  |
| **Strengths** |
| **Primary need** **Secondary Need** |
| **Description of special educational needs (Barriers to Learning, NOT provision):**   |
| **Are there any behaviours that concern you? (this could be withdrawn or distressed behaviour)** |
| **Yes/No** | **What is the underlying causes of the distressed behaviour. Please address this in the plan below** |
| **Has there been a pupil planning meeting /early help meeting/team around the family meeting?** | **Details** |
| **Yes/No** |  |
| **Long Term Outcomes (what will the child be able to do by the end of the year …. please ensure there is at least one outcome to support each of the needs identified above. Long term outcomes should be co-produced with parent carers and child***(Add/remove the number of outcomes as required)* | **Evaluation (to be completed every 12 months)**  |
| ***Outcome 1*** |  |  |
| ***Outcome 2*** |  |  |
| ***Outcome 3*** |  |  |
| ***Outcome 4*** |  |  |

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| ***Term 1*** *(add additional terms as required)****Short-term steps to achieve long term outcomes (what will the*** *child be able to do as a result of the intervention (do) that you have put in place. Steps should be reviewed and amended termly. You will need to identify one or more steps* ***for each long term outcome identified.***  |
| *Outcome 1-*  |
| **Plan –** *short term steps*  |
| Term 1: Term 2: Term 3:  |
| **Do** *– what needs to happen?**Intervention/Support/Provision* |  *frequency/duration/grouping/who?* |
| **Strategies:** **Targeted input:**  |  |
| **Review –** *Impact/Progress* | Date: |
|  |

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| *Outcome 2-*  |
| **Plan –** *short-term steps*  |
| Term 1: Term 2: Term 3:  |
| **Do** *– What needs to happen?**Intervention/Support/Provision* | *Frequency/duration/grouping/who?* |
| **Strategies:****Targeted input:**  |  |
| **Review –** *Impact/Progress* | Date: |
|  |

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| ***Outcome 3-***  |
| **Plan –** *short term steps* |
| Term 1 – Term 2 Term 3 –  |
| **Do** *– what needs to happen?**Intervention/Support/Provision* | *Frequency/duration/grouping/who?* |
|  |  |
| **Review –** *Impact/Progress* | Date: |
|  |

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| ***Outcome 4-***  |
| **Plan –** *short term steps* |
| Term 1 – Term 2 – Term 3 –  |
| **Do** *– what needs to happen?**Intervention/Support/Provision* | *Frequency/duration/grouping/who?* |
|  |   |
| **Review –** *Impact/Progress* | Date: |
|  |

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| **Additional actions required (add any actions that are required prior to next review meeting)** |
| **School:** |
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| **Parent / Family:** |
|  |
| **Child:** |
|  |
| **Other:**  |
|  |

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| **Staff member responsible for completing the plan** |
| Signature and date:  | Designation:  | Date of next review: |
| Plan agreed by child  | Parent  | Parent |
| Yes/no | Signature and date: | Signature and date: |