|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | | **Date of Birth** | |  | | **Year Group** |  |
| **Name of school** |  | | | | | | | |
| **Start date** |  | | | **Review Date** | |  | | |
| **Area of need** | **Long term Outcome**  **(in 12 months)** | **Short term outcome**  **(termly)** | | **Provision** | | | | |
|  |  |  | |  | | | | |
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|  |  |  | |  | | | | |

*Please add additional rows as required.*

|  |
| --- |
| **Parent carer’s view** |
| Please provide a description of your child now including their strengths and areas of difficulties.  What do you think is working well at the moment?  Is there anything else you would like to tell us about your family? |
| **Pupil’s views** |
| Please gather what is important to the child or young person, what activities and hobbies they like, important people to them, what they don’t like, how they feel about school, who helps them and what they would like to get better at using a one-page profile. You are able to attach this as a separate document rather than including it here if you prefer. |

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

**Review – this section is to be completed at the end of the GSP cycle.**

**Progress made towards outcomes (these should match the Long term Outcomes from the original application above; (Please add rows, as required, to represent all outcomes specified on the original application)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Long Term Outcome** | **Rating progress towards outcomes**  ***1 – fully met***  ***2 – Partially met***  ***3 – Not met*** | | **Evidence required:**  **(Progress Data - Assessments, standardised scores, teacher comments, etc.)** | |
| 1. | 1  2  3  *(Please circle/highlight)* | |  | |
| 2. | 1  2  3  *(Please circle/highlight)* | |  | |
| 3. | 1  2  3  *(Please circle/highlight)* | |  | |
| **Please summarise progress towards enabling the young person towards greater independence** | | | | |
|  | | | | |
| **Parent / Carer’s view** | | | | |
|  | | | | |
| **Pupil’s views** | | | | |
|  | | | | |
| **Staff member responsible for completing the GSP Review** | | | | |
| Name: | | Designation: | | Date: |