|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Childs Name** |  | Date of Birth |  | Class/Teacher |  |
| Date/Term |  | Year Group |  | Currently GSP? | Yes No |
| SEN Designation (Please Circle) | EHCP | SEN Support | Level; |  |
| **Assess** - What assessments have informed this plan? (Date/Name)Any key information identified from assessment/discussion? |
| 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*** |  |  |

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| --- |
| ***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: |
|  |

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

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

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

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