**09.13b SEN Support - Action plan**

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| --- | --- | --- | --- |
| **Date:**  **My name is:**  **My DOB is:** | **This is Me!** | | *IMAGE OF CHILD* |
| **I can:**  **I would like to:** | | | |
| **This is what is important to me:** | | | |
| **I can’t do everything I like because:** | | | |
| **My parents/carers think:**  **My key person thinks:** | | | |
| **I receive help from:** | | | |
| **I already have this help from my setting:** | | | |
| **I would like to try this activity**  **When and where?**  **With whom?**  **With what?**  **The outcome should be:** | | | |
| **I may also like to try to**  **When and where?**  **With whom?**  **With what?**  **The outcome should be:** | | | |
| **My parents/carers will help me by:** | | | |
| **We will look at my plan again on:** | |  | |

**Action plan - Recording Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of child:** |  | | **Key person:** |  |
| **Planned objective:** |  | | | |
| **Date:** | **Activity:** | **Outcomes:** | | **Persons present:** |
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**Action plan - Review sheet**

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| --- | --- | --- | --- |
| **Name of child:** |  | **Date:** |  |
| **People present at this review:** | | | |
|  | | | |
| **Planned objectives:** | | | |
|  | | | |
| **Outcome (setting):** | | | |
|  | | | |
| **Outcome (home):** | | | |
|  | | | |
| **Next steps:** | | | |
|  | | | |