**Individual Support Plan (ISP)**

**DRAFT**

Photo of child / young person

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Date** | **Year group of child / young person** | **Name and position of person/s completing update** |
| **Section 1 started** |  |  |  |
| Cycle 1 completed |  |  |  |
| Cycle 2 completed |  |  |  |
| **Section 2 started** |  |  |  |
| Cycle 3 completed |  |  |  |
| Cycle 4 completed |  |  |  |
| Cycle 5 completed |  |  |  |

|  |  |
| --- | --- |
| **Name of child / young person** |  |
| **Date of birth** |  |
| **Name of school / setting** |  |

*Please not: further cycles of APDR can be added, as needed*

This form should be completed over time to provide a record of the support that has been put into place and the difference it has made to the child or young person. This record should become part of the child or young persons’ education records and accompany them as they progress through their education pathway as they move between classes and education schools and settings.

**Sections in blue: to be completed by the teacher if a child or young person’s progress is cause concern and needs regular support that is beyond quality first teaching and different from their peers.**

**Section in green: to be completed with the SENCo if the child or young person continues to require additional support that is significantly different from their peers.**

**Section 1: to be completed by the teacher if a child or young person’s progress is cause concern and needs regular support that is beyond quality first teaching and different from their peers.**

**My Personal Profile – Updated Annually**

**My name: I like to be called: Today’s date:**

|  |  |  |
| --- | --- | --- |
| What can I do well? | What do I need help with? | How best to support, communicate and work well with me? |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| What do I like and what makes me happy? | What’s important for me now? | What’s important for me in the future (my aspirations)? |
|  |  |  |
|  |  |  |
| **Other things you need to know about me**  |
|  |

**Assess**

Once Section 2 is started, information here will be added to by: SENCo, Inclusion Manager, Pastoral Leader, Designated Safeguarding Lead. This section will be built over time, as more is learned about a child or young person’s profile of needs.

**My Strengths and Areas of Need**

|  |
| --- |
| **Cognition and Learning** |
| My Strengths |
|  |
| My Areas of Need |
|  |

|  |
| --- |
| **Communication and Interaction** |
| My Strengths |
|  |
| My Areas of Need |
|  |

|  |
| --- |
| **Social, Emotional and Mental Health** |
| My Strengths |
|  |
| My Areas of Need |
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| --- |
| **Sensory and Physical** |
| My Strengths |
|  |
| My Areas of Need |
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| --- |
| **Independence and Community Engagement** |
| My Strengths |
|  |
| My Areas of Need |
|  |

Once Section 2 is started, information here will be added to by: SENCo, Inclusion Manager, Pastoral Leader, Designated Safeguarding Lead. This section will be built over time, as more is learned about a child or young person’s profile of needs.

**Assess**

|  |
| --- |
| **Teacher Assessments of Progress and Attainment** |
| **Date** | **Teacher Assessment and Notes** |
|  | Phonics:Reading:Writing:Maths:Progress toward age related expectations:  |
|  | Phonics:Reading:Writing:Maths:Progress toward age related expectations: |
|  | Phonics:Reading:Writing:Maths:Progress toward age related expectations: |
|  | Phonics:Reading:Writing:Maths:Progress toward age related expectations: |

|  |
| --- |
| **Important assessment information from previous settings** |
|  |

**Assess**

**Specialist and Standardised Assessment Data (all ages)**

This section should be used to record impact of intervention on all areas of need. You should include additional (within school) and specialist assessments which have been carried out in line with the child or young person’s individual need(s). Further information on the types of assessments which can be used by schools can be found on [Tools for Schools.](https://schools.local-offer.org/wp-content/uploads/2020/12/APDR-and-Assessment-Guides-JULY-2020.pdf)

Results should be recorded with the date of assessment and APDR cycle number to demonstrate the duration between pre and post measures. Please refer to the guidance document for further examples of assessments which may be useful to consider.

|  |  |  |
| --- | --- | --- |
|  | **Previous Results** | **Current Results** |
| **Area Assessed** | **Assessment Used** | **Date and APDR Cycle** | **Raw Score, Percentile, Standardised score** | **Assessment Used** | **Date and APDR Cycle** | **Raw Score, Percentile, Standardised score** |
| *e.g. Reading Accuracy, sensory needs, receptive/expressive*  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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| **Information on child/young person’s attendance** |
|  Attendance % |  | Any suspensions? |  |
| Append attendance certificates if required | Any permanent exclusions? |  |

**Plan, Do, Review: Cycle 1 for completion by class teacher**

**My Termly Support Plans**

|  |  |  |
| --- | --- | --- |
| **Pupil Name –**  | **Date –**  | **Plan number – 1** |
| **Year Group and Term –**  |
| **Termly targets, based on my areas of need** | **Strategies and support in place** | **Review date** | **Staff Progress review – what has gone well? Additional barriers identified?** |
| **SMART TARGET 1** |  |  |  |
| **SMART TARGET 2** |  |  |  |
| **SMART TARGET 3** |  |  |  |
| **SMART TARGET 4** |  |  |  |
| **Child or young person’s view of progress:** |
| **Parent / Carer view of progress:**  |

SMART targets must relate to my specific areas of need, based on an assessment of my strengths and areas for development. Strategies and support may be identified using the OAIP and must be consistently implemented over time before impact is evaluated.

|  |
| --- |
| **Reflection**In addition to evaluating impact of interventions and identifying potential areas for development, a key principle that underpins the review phase of the graduated approach cycle is developing a greater understanding of the young person you are working with. * How did the child or young person responded to the additional support which was put into place?
* How has your understanding of the child or young person, in terms of their strengths and needs, increased as a result of the actions that have been implemented?
* Are there any other areas which need to be taken into account or explored further?
* What is the reasoning behind any decision to amend the plan or its objectives, or to continue as they were?
 |
| What have you learnt about the child or young person in completing this assess, plan, do, review cycle?Did you achieve more than you planned? What helped? What worked well? What challenges did you encounter?(Link to review problem solving in guidance) |

**Plan, Do, Review Cycle 2 for completion by class teacher**

**My Termly Support Plans**

|  |  |  |
| --- | --- | --- |
| **Pupil Name –**  | **Date –**  | **Plan number – 2** |
| **Year Group and Term –**  |
| **Termly targets, based on my areas of need** | **Strategies and support in place** | **Review date** | **Staff Progress review – what has gone well? Additional barriers identified?** |
| **SMART TARGET 1** |  |  |  |
| **SMART TARGET 2** |  |  |  |
| **SMART TARGET 3** |  |  |  |
| **SMART TARGET 4** |  |  |  |
| **Child or young person’s view of progress:** |
| **Parent / Carer view of progress:**  |

SMART targets must relate to my specific areas of need, based on an assessment of my strengths and areas for development. Strategies and support may be identified using the OAIP and must be consistently implemented over time before impact is evaluated.

**Information for teachers: This table can be copied and pasted for further cycles of Plan, Do and Review, as needed**

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| **Reflection**In addition to evaluating impact of interventions and identifying potential areas for development, a key principle that underpins the review phase of the graduated approach cycle is developing a greater understanding of the young person you are working with. * How did the child or young person responded to the additional support which was put into place?
* How has your understanding of the child or young person, in terms of their strengths and needs, increased as a result of the actions that have been implemented?
* Are there any other areas which need to be taken into account or explored further?
* What is the reasoning behind any decision to amend the plan or its objectives, or to continue as they were?
 |
| What have you learnt about the child or young person in completing this assess, plan, do, review cycle?Did you achieve more than you planned? What helped? What worked well? What challenges did you encounter?(Link to review problem solving in guidance) |

**Plan, Do, Review template for completion by SENCo**

**My Termly Support Plans**

|  |  |  |
| --- | --- | --- |
| **Pupil Name –**  | **Date –**  | **Plan number – 3** |
| **Year Group and Term –**  |
| **Termly targets, based on my areas of need** | **Strategies and support in place** | **Review date** | **Staff Progress review – what has gone well? Additional barriers identified?** |
| **SMART TARGET 1** |  |  |  |
| **SMART TARGET 2** |  |  |  |
| **SMART TARGET 3** |  |  |  |
| **SMART TARGET 4** |  |  |  |
| **Child or young person’s view of progress:** |
| **Parent / Carer view of progress:**  |

SMART targets must relate to my specific areas of need, based on an assessment of my strengths and areas for development. Strategies and support may be identified using the OAIP and must be consistently implemented over time before impact is evaluated.

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| --- |
| **Reflection**In addition to evaluating impact of interventions and identifying potential areas for development, a key principle that underpins the review phase of the graduated approach cycle is developing a greater understanding of the young person you are working with. * How did the child or young person responded to the additional support which was put into place?
* How has your understanding of the child or young person, in terms of their strengths and needs, increased as a result of the actions that have been implemented?
* Are there any other areas which need to be taken into account or explored further?
* What is the reasoning behind any decision to amend the plan or its objectives, or to continue as they were?
 |
| What have you learnt about the child or young person in completing this assess, plan, do, review cycle?Did you achieve more than you planned? What helped? What worked well? What challenges did you encounter?(Link to review problem solving in guidance) |

**Plan, Do, Review template for completion by SENCo**

**My Termly Support Plans**

|  |  |  |
| --- | --- | --- |
| **Pupil Name –**  | **Date –**  | **Plan number – 4** |
| **Year Group and Term –**  |
| **Termly targets, based on my areas of need** | **Strategies and support in place** | **Review date** | **Staff Progress review – what has gone well? Additional barriers identified?** |
| **SMART TARGET 1** |  |  |  |
| **SMART TARGET 2** |  |  |  |
| **SMART TARGET 3** |  |  |  |
| **SMART TARGET 4** |  |  |  |
| **Child or young person’s view of progress:** |
| **Parent / Carer view of progress:**  |

SMART targets must relate to my specific areas of need, based on an assessment of my strengths and areas for development. Strategies and support may be identified using the OAIP and must be consistently implemented over time before impact is evaluated.

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| --- |
| **Reflection**In addition to evaluating impact of interventions and identifying potential areas for development, a key principle that underpins the review phase of the graduated approach cycle is developing a greater understanding of the young person you are working with. * How did the child or young person responded to the additional support which was put into place?
* How has your understanding of the child or young person, in terms of their strengths and needs, increased as a result of the actions that have been implemented?
* Are there any other areas which need to be taken into account or explored further?
* What is the reasoning behind any decision to amend the plan or its objectives, or to continue as they were?
 |
| What have you learnt about the child or young person in completing this assess, plan, do, review cycle?Did you achieve more than you planned? What helped? What worked well? What challenges did you encounter?(Link to review problem solving in guidance) |

**Plan, Do, Review template for completion by SENCo**

**My Termly Support Plans**

|  |  |  |
| --- | --- | --- |
| **Pupil Name –**  | **Date –**  | **Plan number – 5** |
| **Year Group and Term –**  |
| **Termly targets, based on my areas of need** | **Strategies and support in place** | **Review date** | **Staff Progress review – what has gone well? Additional barriers identified?** |
| **SMART TARGET 1** |  |  |  |
| **SMART TARGET 2** |  |  |  |
| **SMART TARGET 3** |  |  |  |
| **SMART TARGET 4** |  |  |  |
| **Child or young person’s view of progress:** |
| **Parent / Carer view of progress:**  |

SMART targets must relate to my specific areas of need, based on an assessment of my strengths and areas for development. Strategies and support may be identified using the OAIP and must be consistently implemented over time before impact is evaluated.

|  |
| --- |
| **Reflection**In addition to evaluating impact of interventions and identifying potential areas for development, a key principle that underpins the review phase of the graduated approach cycle is developing a greater understanding of the young person you are working with. * How did the child or young person responded to the additional support which was put into place?
* How has your understanding of the child or young person, in terms of their strengths and needs, increased as a result of the actions that have been implemented?
* Are there any other areas which need to be taken into account or explored further?
* What is the reasoning behind any decision to amend the plan or its objectives, or to continue as they were?
 |
| What have you learnt about the child or young person in completing this assess, plan, do, review cycle?Did you achieve more than you planned? What helped? What worked well? What challenges did you encounter?(Link to review problem solving in guidance) |

**Information for SENCo’s: Further copies of this table can be copied and pasted for additional cycles of Plan, Do and Review, as needed**

# Key conversations

This section should be used to record key events and information, such as work with other agencies or significant events affecting the child (such as family events and transitions). If information relating to the child is held elsewhere in the document it **does not** need to be repeated here.

Once Section 2 is started, information here will be added to by: SENCo, Inclusion Manager, Pastoral Leader, Designated Safeguarding Lead. This section will be built over time, as more is learned about a child or young person’s profile of needs.

|  |
| --- |
| **Chronology of Key Events** |
| Date | What happened? Who did you talk to? What did you find out? | Comment / Actions |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Important Medical Information**Once Section 2 is started, information here will be added to by: SENCo, Inclusion Manager, Pastoral Leader, Designated Safeguarding Lead, as appropriate. |
|  |

**SECTION 2: For children and young people who continue to require additional support that is significantly differently from their peers.**

***A:* Understanding the child or young person: profile and background**

|  |
| --- |
| **Child / Young Person’s Details** |
| Name  |  | Date of Birth  |  | Year Group  |  |
| Address |  | Post code  |  |
| Ethnicity  |  | Religion  |  | Home language  |  |

|  |  |  |
| --- | --- | --- |
| **Parent / Carer details (parental responsibility)** | Cared for by the LA?  | Yes / No |
| Name  |  | Relationship to the child  |  |
| Address (if different from above) |  | Postcode  |  |
| Telephone numbers  |  | Email address |  |
| Name  |  | Relationship to the child  |  |
| Address |  | Post code  |  |
| Telephone number  |  | E-mail address  |  |

|  |
| --- |
| **Educational setting details**  |
| Name  |  | Address  |  |
| Contact person / position  |  | Telephone number  |  |
|  |  | Email Address |  |

|  |
| --- |
| **Details of child / young person’s GP**  |
| Name  |  |
| Address |  |

|  |
| --- |
| **Contextual Information** |
| Summarise and outline reasons for completing section 2 and give a background to the current situation, which is not mentioned elsewhere. |
| This section should be used to summarise and outline reasons for completing section 2 and give a background to the current situation, which has not already been mentioned. You may want to include information on:* Relevant family background and circumstances e.g., health concerns
* School attendance or history of part-time timetabling
* Suspensions, exclusions, or other behaviour data e.g., isolations
* Number of educational settings
* Links to external agencies. e.g., Child in Need (CIN), Child Protection (CP).
 |
|  |

**Information from Parents, Carers and Family**

|  |
| --- |
| **Child or young person’s story – play, health, school, independence skills, friendships and relationships, further education, future aspirations** |
|  |
|  |
| **The family’s story and key events** |
|  |

|  |
| --- |
| **Important information about pregnancy, birth history and early development** |
|  |

|  |
| --- |
| **Child or young person’s aspirations** |
|  |

|  |
| --- |
| **The family’s aspirations for this child or young person** |
|  |

|  |
| --- |
| **How the child or young person and his/her/their family have taken part in this plan** |
|  |

## B: Services who are supporting or have historically supported the child or young person. Professionals who support me.

E.g., Social Services, Early Help, Advisory Teacher, Fair Access, Key Worker etc*.*

|  |  |  |
| --- | --- | --- |
| **Who did you talk to? When?** | **What did you find out or agree?** | **What happened because of the advice?** |
| Agency/Service | Name and role, contact details | Date | Recommendations to support access to learning | Impact of support on child.**Reports appended?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **Suggested Appendices and Relevant Information**

|  |  |
| --- | --- |
| **Document**  | **Attached or scanned?** |
| Yes | No |
| Personalised Costed Provision Maps |  |  |
| Medical Reports and Letters | CDC |  |  |
| CAMHS |  |  |
| Physiotherapy  |  |  |
| Occupational Therapy  |  |  |
| Dentistry |  |  |
| SALT  |  |  |
| Attendance Certificates |  |  |
| Advice from Advisory Teaching Teams | LBAT |  |  |
| ASCT |  |  |
| HI |  |  |
| VI |  |  |
| EMAT |  |  |
| TES |  |  |
| Advice from Educational Psychology Service |  |  |
| Additional progress or attainment data |  |  |
| Other/s – please specify |  |  |

SPACE FOR ADDITIONAL SCANS / SUPPORTING DOCUMENTS