Sensory and/or Physical

Please use numbers to indicate order of need e.g. 1, 2, 3

This learning plan must be read together with the One Page Profile and Provision map (Core offer)

Learning plan and review



Name: Class: Date:

Assess: My Strengths and challenges (see 7Cs profile and my One Page Profile)	B-ca.	The starting point for our Growth Mindset is to know what what skills we need to develop or need extra support with (
My Strengths (please adapt learning and experiences to on my strengths)	build My	y challenges	Jon *	
Other adults who help me (external professionals) (e.g., OT, SALT, paediatrician – upcoming appointments, historic involvement)		ny other important information about my SEI e.g., information on specific assessments or diagnos		

Cognition and Learning Please use numbers to indicate order	Communication and Interac of need e.g. 1, 2, 3 Th	Social, Emotional and Me be read together with the	ntal Health One Page Profile and Provis	Sensory and/or Physical on map (Core offer)

Sensory and/or Physical

Please use numbers to indicate order of need e.g. 1, 2, 3

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Assess	Plan		Do			Review	
Entry data Baselines for target areas this term	By December? 2023, ? will be able to	How will I know I can do it? (measures) I have met this goal when	How will I help myself?	Help at school in addition to core offer (see PM)	Help at home	Exit data Progress made	Review of target Including review of progress measures if not fully met.
Target area 1:						Check in tool: Exit point: Progress:	Choose an item.
Check in tool: Y1 CEWs Starting point:						riogiess.	
Target area 2:						Check in tool: Exit point:	Choose an item.
Check in tool: Starting point:						Progress:	
Target area 3: Check in tool: Starting point:						Check in tool Exit point: Progress:	Choose an item.

Have adaptions in support and expectations been made for any targets at Working Towards or Not	Yet?	YES/N
Is current support meeting needs, or do we need to consider input from external professionals?	YES/NO	

Any updates or additional information?

Sensory and/or Physical

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Agreement and signatures

Parents/Carers

I/We agree that....

- People listened to my/our views and aspirations for my/our child when we were writing this plan.
- I/We am/are happy with what is written about my/our child in this plan and support identified.
- I/We am/are happy for this plan to be shared with other professionals if it will help my child to achieve it.

School staff/external professionals

We agree to support you to achieve the outcomes in this plan by delivering the provision we agreed and to help you review your progress when it is due. We agree that we will protect your information in line with our organisation's data protection policies.

Pupil (adapt for younger)

How do you feel about this plan? Good

Are you happy to work towards the goals set out in this plan?
Yes

Are you happy with the agreed support?

Yes

Date

Name			
Signature			
Date			

(

Signature (on behalf of all involved)

Date

Name Chase		
Signature		

Cognition and Learning

Communication and Interaction

Social, Emotional and Mental Health

Sensory and/or Physical

Please use numbers to indicate order of need e.g. 1, 2, 3

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Assess Entry data Baselines for target areas this term	Plan		Do			Review	
	By March? 2024.	How will I help myself?	Help at school in addition	Help at home	Exit data	Review of target	
		I have met this goal		to core offer (see PM)	(H)	Progress made	progress measures if not fully met.
Target area 1:						Check in tool:	Choose an item.
Check in tool:						Exit point: Progress:	
Starting point:							
Target area 2:						Check in tool:	Choose an item.
Check in tool:						Exit point: Progress:	
Starting point:							
Target area 3:						Check in tool:	Choose an item.
Check in tool:						Exit point: Progress:	
Starting point:						1 1 0 8 1 0 0 0 1	

have adaptions in support and expectations been made for any targets at working Towards or N	NOT YET? YES/NO
Is current support meeting needs, or do we need to consider input from external professionals?	YES/NO
Any updates or additional information?	

Sensory and/or Physical

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Pupil (adapt for younger)

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Are you happy to work towards the goals set out in this plan?

Are you happy with the agreed support?

Name		
Signature		
Date		

Signature (on behalf of all involved)

Date

Name			
Signature			

Date

Cognition and Learning

Communication and Interaction

Social, Emotional and Mental Health

Sensory and/or Physical

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Assess	Plan		Do			Review	
Entry data Baselines for target	By July???2024, will be able to	How will I know I can do it? (measures)	How will I help myself?	Help at school in addition	Help at home	Exit data	Review of target Including review o
areas this term	Will be able to	I have met this goal when		to core offer (see PM)		Progress made	progress measures if not fully met.
Target area 1:						Check in tool:	Choose an item.
Check in tool:						Exit point:	
Starting point:						Progress:	
Target area 2:						Check in tool:	Choose an item.
Check in tool:						Exit point: Progress:	
Starting point:						11081000	
Target area 3:						Check in tool:	Choose an item.
Check in tool:						Exit point:	
Starting point:						Progress:	

have adaptions in support and expectations been made for any targets at working Towards or Not Yet?						
Is current support meeting needs, or do we need to consider input from external professionals? YES/NO						
Any updates or additional information?						

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Are you happy with the agreed support?

Name		
Signature		
Date		

2

Signature (on behalf of all involved)

Date

Name
Signature

Date