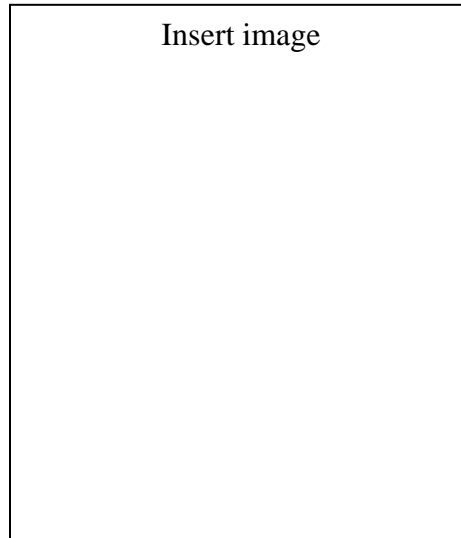




SEND SUPPORT PLAN

One Planning For **Education**, **Health** and **Care**



<NAME OF CHILD / YOUNG PERSON>

Part 1 Personal Information

Child/Young Person's Information			
Surname:	<input type="text"/>	Home Address:	<input type="text"/>
Other Names:	<input type="text"/>		
Date of Birth:	<input type="text"/>		
Gender:	<input type="text"/>		
Religion:	<input type="text"/>	Post code:	<input type="text"/>
Language(s) spoken at home:	<input type="text"/>	Ethnic Origin:	<input type="text"/>
Legal Status:	<input type="text"/>		
Personal Identification			
Please complete as applicable:			
NHS No:	<input type="text"/>	Unique Pupil No:	<input type="text"/>
Social Care No:	<input type="text"/>	National Insurance Number:	<input type="text"/>
InitialPlan Start Date:	<input type="text"/>		

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Plan Details:

Current Plan date:	<input type="text"/>	Review Date:	<input type="text"/>
Name of Plan Coordinator:	<input type="text"/>	Is there an EHA:	Yes <input type="checkbox"/> Date: <input type="text"/>
		No:	<input type="checkbox"/>
Current Plan No:	<input type="text"/>		
Date when Adult Services should be notified of transition:	<input type="text"/>		
SEN Stage:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	

Child's / Young Person's Parents / Guardian Information

Surname:	<input type="text"/>	Home Address:	<input type="text"/>
First name(s):	<input type="text"/>		
Title:	<input type="text"/>		
Relationship to young person:	<input type="text"/>	Post Code:	<input type="text"/>
Home Telephone No:	<input type="text"/>	Mobile No:	<input type="text"/>
		Work Tel No:	<input type="text"/>

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Child's/ Young Person's Parents / Guardian Information

Surname:	<input type="text"/>	Home Address:	<input type="text"/>
First Name(s):	<input type="text"/>		
Title:	<input type="text"/>		
Relationship to young person:	<input type="text"/>	Post Code:	<input type="text"/>
Home Telephone No:	<input type="text"/>	Mobile No:	<input type="text"/>
		Work Tel No:	<input type="text"/>

Educational Information

Educational Setting:	<input type="text"/>	Type of Establishment:	<input type="text"/>
Address:	<input type="text"/>	Named Contact:	<input type="text"/>
		Position:	<input type="text"/>
Academic Year Group:	<input type="text"/>		
Out of NC Year:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Attendance	<input type="text"/>		

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Social Care Information

Current Social Care status:

Social Care Team:

Social Worker Name:

Tel No:

Other:

Duty Desk No:

Health Information

GP's Name and address:

Tel No:

Service Received:

Type e.g. Physio, Health Visitor	Name of Professional (if known)	Date of last report	Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other:

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Summary of Needs

Please summarise the main reasons why the plan is being completed:

Please indicate the primary area of need in each area as appropriate below and explain how these are related to the child's / young person's special educational need or disability:

Education

Health

Care

Confirming information attached as appendices (please list

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Part 2 All About Me

2.1 My Circle of Support

Name of child/young person

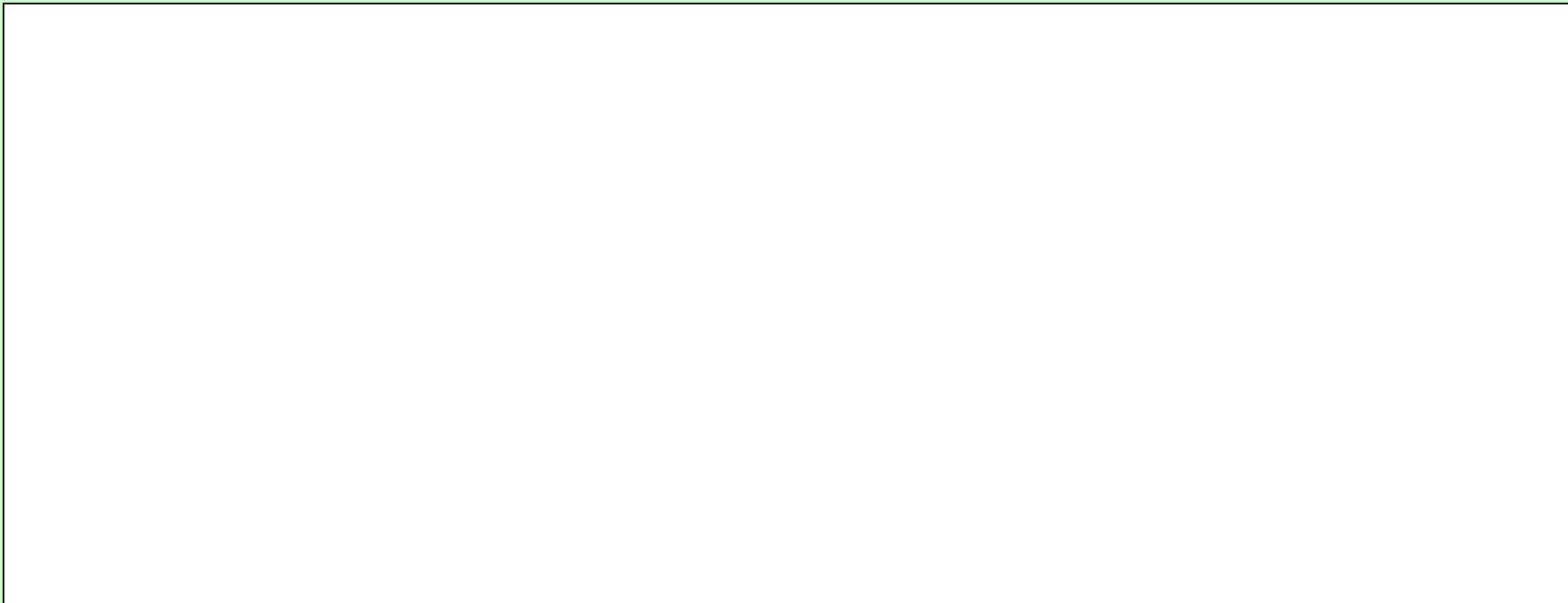
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2.2 What's important to me?

This section should contain the child's / young person's views and state how they were sought:

A large, empty rectangular box with a thin black border, intended for the user to enter the child's or young person's views and how they were sought. The box is centered within a light green shaded area.

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2.3 My hopes for the future

	Child/Young person	Parent/Carer
<p>What are my hopes for the long term?</p> <p>What will success look like?</p> <p>What difference will it make?</p>		
<p>What are my hopes for the short term?</p> <p>What will success look like?</p> <p>What difference will it make?</p>		

2.4 Where am I now?

	Where am I now?	My Strengths & Skills	Needs identified in assessments
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Part 3 My Agreed Outcomes

	Long Term Outcomes	Short Term Outcomes	How will we know this has been achieved?
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 4 Resources and Provision

Agreed outcome needing additional resource	What will we do?	Who will do it?	By When?	Funding Source
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family/Community/Voluntary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Budget (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Part 5 Arrangements for Review

	How will this plan be reviewed?	By Whom?	Frequency?
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Part 6 Contributors to the Plan

The following people contributed to this plan

The following people have agreed to work to the next steps and to provide the support outlined in this plan

Name	Role and service	Contact details

The following people also contributed to this plan either by discussion or via a report (see appendix)

Name	Role and service	Contact details

The following people have been sent this plan at the request of parents/ carers and young person

Name	Role and service	Contact details

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Part 7 Consent statement for information storage and information sharing*

“We need to collect the information in this SEND Support Plan so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us provide the services that you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.”

We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

A copy of the SEND Support Plan is stored and logged electronically. There may also be occasions where it is necessary to undertake audits to ensure the process is meeting the needs of children, young people and their families in Central Bedfordshire.

	Child or young person				Parent/Carer of child or young person			
I agree to the assessment and understand why the SEND Support Plan is being completed and my role within it.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I understand that only information relating to myself or my child's needs will be recorded and that all paper copies will be stored in a secure place and electronic copies on a secure computer.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have had the reasons for information sharing and information storage explained to me and I agree to the sharing of information with Children's Services practitioners and between the services listed below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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List of services: e.g., parenting, school, etc.

Exceptional circumstances: concerns about significant harm to infant, child or young person

If at any time during the course of the assessment you are concerned that an infant, child or young person has been harmed or abused or at risk of being harmed or abused, You must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance What to do if you're worried a child is being abused (HM Government, 2006) sets out the processes to be followed by all practitioners. If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and can be found in the booklet Working Together to Safeguard Children. You should seek the agreement of the child and family before making such a referral unless to do so would place the child at increased risk of significant harm. If you have concerns about a young person over the age of 18, the multiagency safeguarding adult procedures should be followed. More information can be found on www.centralbedfordshire.gov.uk

Additional Information(if required):

Signature _____

Date: _____

Name (Young Person)

Signature _____

Date: _____

Name (Parent/Carer)

Signature _____

Date: _____

Name (Designation of person completing the plan)

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Appendices

The appendices should only contain the information from Education, Health and Care that have been included as part of this plan.

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