



SEND Support Arrangements

Name:

*To be used in conjunction with the SEND Support Arrangements Guidance for
Education settings*

**[FIRSTNAME]'s Surrey SEND Support Arrangements
One Page Profile**

Photo (Optional)

What is important to me.

**What people like about me
and what I like about
myself**

How best to support me.

Date Completed	
Completed by	

Pupil Name:

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SECTION 2 - [FIRSTNAME]'s SEND Support Arrangements

Version:
Draft or Final: Draft

	Date
Original SEND Support Plan:	
Amendment 1:	
Amendment 2:	
Amendment 3:	

Contents	Pages
Section 1 One Page Profile	
Section 2 SEN Support Arrangements	
Section 3 [FIRSTNAME]'s story	
Section 4 [FIRSTNAME]'s special educational needs and other needs	
Section 5 SEN Support Arrangements	
Section 6 Progress data	
Section 7 Resources	
Section 8 Log of external practitioners involvement	
Section 9 Supporting Information	

Who else has been included in writing this plan?

Further details

Family Name:		First Name:	
Known as:			
Date of birth:		Gender:	
NHS/NI/ICS/other registration numbers:			
Parent/carer names:			
Who has parental responsibility?:			
LAC status:			
Siblings:			
Contact address for child or young person:			
Contact addresses for parent/carers:			
Telephone:		Mobile:	
Email:			
SEND Case Worker Name and Email			
Year group:		Placed out of year:	
Ethnicity:		First language:	
Language used at home:		Religion:	
Main communication method:			
Language interpretation support needed:			
GP Name and contact details:			
Current consultant(s) details:			
Other practitioners who are/have been involved (Name, email, telephone):			
Times that are difficult for me or family to attend appointments:			
Barriers that might make it more difficult for me or family to attend appointments:			
Other relevant plans:			
Other useful information:			

School Details

School Name:		School Contact Name:	
Address:		Postcode	

Pupil Name:

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Email (if any):	
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SECTION 3 – [FIRSTNAME]'s story

Firstname's story – play, health, schooling, independence, friends and relationships, further education, future plans.

Firstname's family's story

More information on how to support Firstname's and his/her family

Firstname's aspirations

Firstname's family's aspirations for him/her

How Firstname's and his/her family have taken part in this plan

SECTION 4 - [FIRSTNAME]'s special educational needs and other needs

Summary of key strengths and areas of need

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More detailed information:

Communication and Interaction

Strengths and achievements:

-

Special Educational Needs:

-

Cognition and Learning:

Strengths and achievements:

-

Special Educational Needs:

-

Social, Emotional and Mental Health:

Strengths and achievements:

-

Special Educational Needs:

-

Sensory and Physical:

Strengths and achievements:

-

Special Educational Needs:

-

Summary of other needs

Prompt questions:

- 1. Are there any concerns outside of school which impact on your child's learning and well-being and/or make it more difficult for you to help your child e.g. housing, finance, family support networks.*
- 2. Is there anything else you feel it is important for us to know about your child's learning and behaviour at home?*
- 3. Is there any support you feel would help you as a parent/carer in supporting your child/family?*

Early Help Assessment Considered but not necessary	Date of Decision:
Early Help Assessment Completed	Date of Decision:

NB. If the child or young person is 18 or over these questions should be directed to the young person rather than the parent/carer unless the parent/carer advocacy for the young person or the young person has requested input from the parent/carer.

SECTION 5 – SEN Support Arrangements Plan

Start date:

Pupil name:

Plan number:

[Please extend boxes / add additional outcomes as necessary]

OUTCOME (1) <i>Must link with special educational need evidences in Section 4</i>	Arrangements in place	Review Date	Progress Review What has gone well? / Barriers to further progress

OUTCOME (2) <i>Must link with special educational need evidences in Section 4</i>	Arrangements in place	Review Date	Progress Review What has gone well? / Barriers to further progress

Pupil Name:

Surrey_SEND_Support_Arrangements_Template_v2.0

OUTCOME (3) <i>Must link with special educational need evidences in Section 4</i>	Arrangements in place	Review Date	Progress Review What has gone well? / Barriers to further progress

OUTCOME (4) <i>Must link with special educational need evidences in Section 4</i>	Arrangements in place	Review Date	Progress Review What has gone well? / Barriers to further progress

SECTION 6 – [FIRSTNAME]'s Progress Data

Data attached (please state below)

Progress tracker (to include EYFS/National Curriculum levels)	Yes / No
Standardised assessments	Yes / No
Other, please specify:	Yes / No

SECTION 7 - Resources

	Date	Attached (YES/NO)
Costed provision map 1		Yes / No
Costed provision map 2		Yes / No

OR

	Date	Attached (YES/NO)
Schedule 2 IPA		Yes / No

OR

	Date of receipt	Costed provision map attached (YES/NO)
Early Years Inclusion Grant		Yes / No
Discretionary funding		Yes / No

SECTION 8 - Log of external practitioner's involvement

Team/service and name	Date of involvement	Report in supporting information B (Yes/ no)

SECTION 9 - Supporting information

Please enter any supporting information below