**My** **Early Years SEN Support Plan**

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| **Name:** | **Setting:** |
| **Date of Birth & Age in months** | **Start date of plan:** |
| **Areas of need:**Cognition and Learning (C&L) Communication and Interaction (C&I)Social, Emotional and Mental Health (SEMH) Sensory and Physical (S&PH) | **Professionals involved:** |
| **My parents want you to know this about me:** | **Things I like/ what is important to me:** | **I communicate:** | **I find it hard when:** |

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| **My strengths and achievements:** |
| **My long-term targets** | **My short-term targets** | **How will you help me do this in my setting?** | **How can my parents support me at home?** | **How did I get on?** |
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|  |  |  |  |
| **Date of plan:** **Review Date:** | **Plan written by:****Signature:** | **Parents name:****Signature:** |
| **Next steps discussed at my review meeting:**  |