**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:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** | | | | | |