Newcastle SEND Support Plan (Rainbow Plan)

|  |  |  |
| --- | --- | --- |
| Name of cyp: | DoB: | Start date of Plan: |
| Current status: EHCP/SEND SP/Monitoring | EaL/PP/CiC/EH/CiN/ |  |
| Primary area of SEND (CoP): Cog L, Comm and Interact., SEMH, Sensory and/or Physical | | |
| Secondary area of SEND: | | |
| Diagnosis (if applicable): | Medical Need (if applicable: | |

|  |
| --- |
| History of Need with dates (if not detailed below) eg initial concerns, how needs were initially identified |
|  |

|  |  |  |
| --- | --- | --- |
| External agencies involved: | Date(s) of involvement | Details |
|  |  |  |
|  |  |  |
|  |  |  |

Access Arrangements (e.g. scribe, extra time, reader):

Any other relevant information:

Child/Young Person’s name

**Please insert your school logo**

My Support Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Things I want you to know about me: | My family say about me: | It helps me if you: | I find it hard when |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year Group** | **What I can do now (Assess)** | **What I will be able to do (Plan)**  **SMART targets** | **Who and what will help me (Do)** | **How did I get on?**  **(Review)** |
| **Autumn Term**  Attendance: |  |  |  |  |
| **Spring Term**  Attendance: |  |  |  |  |
| **Sumer Term:**  Attendance: |  |  |  |  |

**My signature: ……………………………………………………………. Date: ……………………………….**

**Parent /carer signature: ………………………………………………… Date: ……………………………….**

**Teacher signature: ………………………………………………………. Date: ……………………………….**

|  |  |  |
| --- | --- | --- |
| **Moving on (transition)** | **Things that have worked and should continue:** | **Next steps to think about:** |
|  |  |  |

**Appendix 1**

Descriptors of Need (the information above and below should provide evidence to support identification of ranges)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Range 1 | Range 2 | Range 3 | Range 4 | Range 5 | Range 6 | Range 7 |
| Cognition and Learning |  |  |  |  |  |  |  |
| Communication and Interaction: Social, Communication and Neurodiversity |  |  |  |  |  |  |  |
| Communication and Interaction: Speech, Language and Communication Needs |  |  |  |  |  |  |  |
| Social Emotional and Mental Health |  |  |  |  |  |  |  |
| Sensory: Hearing Impairment |  |  |  |  |  |  |  |
| Sensory: Visual Impairment |  |  |  |  |  |  |  |
| Multi-sensory needs |  |  |  |  |  |  |  |
| Physical and medical needs |  |  |  |  |  |  |  |
| Sensory Needs |  |  |  |  |  |  |  |

**Appendix 2:**

Academic Attainment and Progress (can include reference to SCART and any standardised scores as relevant):

|  |  |  |  |
| --- | --- | --- | --- |
| Year Group  (Primary) | Attainment | | |
| Reading | Writing | Maths |
| Y1 | Phonics screen: |  |  |
| Y2 |  |  |  |
| Y4 |  |  | Multiplication tables test: |
| Y5 |  |  |  |
| Y6 | SATS: | SATS: | SATS: |

|  |  |  |  |
| --- | --- | --- | --- |
| Year Group  (Secondary) | Attainment | | |
| Key Stage 2:  Reading Baseline: | | | |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| Key: | | | |

**Appendix 3: For Requests to SEND Advice and Support Allocation Panel (SEND ASAP) please complete this section**

|  |
| --- |
| **SEN Advice and Support Allocation Panel (ASAP) Request**  **Parent’s/Carer’s Views** |

|  |
| --- |
| Child / Young Person’s Name: |
| \*Parent / Carer’s Name: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you discussed progress/any concerns with teachers and other professionals? | YES |  | NO |  |  |
| If YES, who have you discussed your child with? | | | | | |
|  | | | | | |
| Has someone explained what the SEN Advice and Support Allocation Panel can provide?  ? | YES |  | NO |  |  |
| If YES, who has explained to you? | | | | | |
|  | | | | | |
| How do you think it will help your child? | | | | | |
| \* If this child/young person looked after (LAC), this must be signed by the person with designated parental responsibility | | | | | |

I consent to information being discussed as part of the SEN Advice and Support Allocation Panel in the Local Authority decision-making process.

**Parent/Carer’s signature……………………………………………………… Date…………..**

**or**

**Young person’s signature……………………………………………………..Date…………..**

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