



**Insert the one page profile here**

First Name	Surname	Preferred Name

Home Address	Date of Birth	Gender
	Home Language	Ethnic Origin

## My family and people who are important to me

Parent(s) or carer(s):

Names	Addresses (if different)
Parental responsibility?	
Phone number	Email

**Other people who are important to me**

Name	Who they are and why they are important

**Everyone’s views on what’s working well or not working**

What’s Working	What’s Not Working
Child or young person views	
Parent views	
Setting views	
Other professional views	

**All about me**

<b>My health, physical development and mobility</b>

<b>How I communicate (and how to communicate with me)</b>

**How I feel, behave and get on with others**

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**My learning, understanding, working out things & solving problems**

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**My family, my home and where I live**

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**Taking care of and doing things for myself, keeping safe**

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**Activities and having fun**

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**Future Plans**

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## **Main Identified Needs**

What outcomes do I want?	What are my needs?	What will help me get there?


### Advice and Information used

Document/Information	Written by	Dated

Next Review Date

Dated .....

Signed by all those who took part in this My Support Plan

Child / Young person	Parents / Carers	Teacher/Tutor	SENCO
Specialist	Teaching assistant	Other	Other

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**My Support Plan Review 1**

**Date**

<b>Attendees</b>		<b>Role</b>
<b>New advice or involvement of outside agencies</b>		<b>Date</b>
<b>Views on what's working / not working</b>		
<b>Child / young person</b>		
<b>Parent/carers</b>		
<b>School or setting</b>		
<b>Outside Agency</b>		
<b>Additional or revised outcomes?</b>	<b>Any new or clarified needs?</b>	<b>Any changes to help?</b>

Actions and next review date

## My Support Plan Review 2

Date

<b>Attendees</b>		<b>Role</b>
<b>New advice or involvement of outside agencies</b>		<b>Date</b>
<b>Views on what’s working / not working</b>		
<b>Child / young person</b>		
<b>Parent/carers</b>		
<b>School or setting</b>		
<b>Outside Agency</b>		
<b>Additional or revised outcomes?</b>	<b>Any new or clarified needs?</b>	<b>Any changes to help?</b>

<b>Actions and next review date</b>
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## Consent to share this information with other agencies (if required)

We need consent to be able to work with other professionals to offer the best help possible. Please read this page and sign below if you are happy for us to share the information in this My Support Plan with other professionals in order to coordinate support.

### Data Protection

Wiltshire Council is a data controller under the Data Protection Act 1998 and will comply with the requirements of the Act at all times. We will ensure that your information is treated in confidence and used only for the purpose of supporting you or your child through the My Support Plan process.

### Consent statement

I have read the contents of this My Support Plan and understand information may be shared between different professionals working with my family in connection with this early help process. Such professionals may include, amongst others, teachers, nurses, therapists, psychologists, youth workers, social workers, education support services, integrated youth services, community health services, early years services, voluntary sector, police, army welfare, bordering local authorities and lead professionals in other counties as appropriate (you can note any exceptions below).

### Giving your consent

*I have read and understood the consent statement above.*

*I am aware of and understand the reasons for this My Support Plan.*

*I/we have given consent to this My Support Plan and also give consent for it to be registered & shared (including with lead professionals in other local authority areas as appropriate).*

**Parent/Carer:**   **Parent/Carer:** Signature:   Signature:

Date

Date

**Child or young person:**

Signature:

Date:

### Exceptions:

Please state any services or agencies you **do not** wish to share information with and give supporting reasons.

Child or young person:

Parent/Carer:

### For the professional completing and registering this form:

I confirm the original copy of this My Support Plan has been given to the child young person **and/or** I confirm the original copy of My Support Plan has been given to the parent(s)/carer(s).

Name:

Signature:

Date:

**Early years settings’ information about attainment and progress (this must be included if requesting a EHC needs assessment)**

**Current attainments from standardised tests**

(assessed within 3 months of making a request and should cover basics skills and any other relevant areas)

Name of test and administrator	Date and chronological age	Age equivalent	Standard Score	Percentile

**Information on progress in the curriculum and towards other outcomes**

Early Years Foundation Stage aspect	Attainment at previous review (please describe the learning outcome) Date:	Current Assessment (please describe the learning outcome) Date:	Predicted level or age expectations	If current attainment is below age expectations please give detailed comments.  Please include barriers to learning, e.g. attendance issues, self-esteem/confidence issues etc. and note the support given.

**School** information about attainment and progress (this must be included if requesting a EHC needs assessment)

**Current attainments from standardised tests**

(assessed within 3 months of making a request and should cover basics skills and any other relevant areas)

Name of test and administrator	Date and chronological age	Age equivalent	Standard Score	Percentile

**Results from previous standardised attainment tests**

Name of test and administrator	Date and chronological age	Age equivalent	Standard Score	Percentile

**Information about progress in the curriculum and towards other relevant outcomes**

	Current assessment against end of keystage expectations or other progress measure (date)	Assessment against end of keystage expectations or other progress measure at last review (date)	Previous assessment against end of keystage expectations or other progress measure (date)
English			
Maths			
Science			
Other			

**College** information about attainment and progress towards achieving course outcomes (this must be included if requesting a EHC needs assessment)

**Current attainments from standardised tests**

(assessed within 3 months of making a request and should cover basics skills and any other relevant areas)

Name of test and administrator	Date and chronological age	Age equivalent	Standard Score	Percentile

**Information about progress in the curriculum and towards other relevant outcomes**

	Current NC level or other progress measure (date)	NC level or other progress measure at last review (date)	Previous NC level or other progress measure (date)
English			
Maths			
Science			
Other			