(EY’s provider logo and name can be inserted here)

Early Years Providers SEND Support Plan

# **Early Years Providers**

# **SEND Support Plan**

**This is me!**

**My name is**

**My date of birth is**

**Date of initial plan:**

**Guidance for completion:**

This document is designed to be a working document for Early Years providers to record the achievements and next steps for an individual child, as well as short term outcome implementation and review. It can be updated as the child moves through the academic year, with a new document being built for each new academic year as appropriate. If a child attends more than one provider during the week, then both providers would need to input into the plan. It will be used to support professional discussions with the Specialist Teaching Team, as well as forming part of any EHCNA or Inclusion Grant funding request.

If a child moves providers, then it is expected that the SEND Support Plan would move with the child and is continued by the new provider.

Early Years providers should use the local area Ordinarily Available Provision document [Ordinarily Available Provision Early Years v2.pdf](https://www.mksendlocaloffer.co.uk/sites/default/files/2024-11/Ordinarily%20Available%20Provision%20Early%20Years%20v2.pdf) to support them in clarifying need and considering their provision offer. Provision can then be recorded within the support plan.

Part of initial conversations with parents will confirm that they are happy for the information to be shared with all relevant parties, with them signing below / the parental consent page at the end of this document to agree consent for the SEND team’s involvement, if required. This plan would form part of any request for support from the Specialist Teaching Team



**When I am happy I:**

**My Inclusion Plan**

**Child’s name:**

**D.O.B:**

**Setting:**

**I like:**

**I am good at:**

**When I am anxious I:**

**I don’t like:**

**I find it difficult to:**

**When I am anxious the best way to help me is:**

**If you want me to do something I am not keen on you can persuade me by:**

**Things I like to eat and drink:**

**My self-care:**

**I ask for what I want using:**

**Help me understand by:**

**Parent/carer views**

This section should be completed by parents and setting practitioners, as part of a conversation. It can be shared across professionals to enable them to input into the child’s support. It can only be shared with parental permission.

**Chronology of important/significant events in your child’s life (this can be updated as and when needed):**

|  |  |
| --- | --- |
| **Date** | **Event** |
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| --- | --- |
| **Family details** | **Health details** |
|  |  |

**Child’s early years education history**

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| --- | --- | --- | --- |
| **Early Years setting name** | **Date**  **(from/to)** | **Did your child receive any additional support?** | **Previous professional involvement** |
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| **Any other relevant information (this can be updated as and when needed)** |

**Signed by parent/carer: Date:**

**Name of person completing form: Date:**

**This section should be completed by the Early Years provider.**

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| **Summary of Special Educational Need** |

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| --- | --- | --- |
| **Days/sessions attending early years provider** |  | **Involvement from Inclusion and Assessment Team to date** (eg: SEND Support Line; consultation; observation; meeting with family)**:** |
| **Number of Early Education Fund (EEF) sessions claimed** |  |
| **Does child receive DLA?** | **Yes/no/in process/not known** |
| **If child receives DLA, has provider applied for Disability Access Funding (DAF)?** | **Yes/no/in process** |
| **Is there Inclusion Grant Funding in place from the Local Authority?** | **Yes/no/applied for** | **If yes, state dates to and from, and hours agreed (update as needed):** |

|  |  |
| --- | --- |
| **Other professionals involved with the child** |  |

**Early Years Foundation Stage- celebrating progress and achievements**

**This section should be used to record:**

* Any baseline assessments
* Progress and achievements
* Next steps identified to work on

It should be updated regularly so a picture of progress can be understood. it is not necessary to complete all four areas of need- just the primary need or those that impact significantly on the child. You could also use this section to add in comments from professionals on progress, and areas for development.

**Communication and Interaction (EYFS- Communication and Language)**

|  |  |
| --- | --- |
| **Primary need** | **Yes/no** |
| **Strengths and achievements** | | | **Next steps for development agreed by all** |
| **Date:** | | |  |
| **Date:** | | |  |
| **Date:** | | |  |

|  |
| --- |
| **Provision being provided to meet Communication and Interaction needs:** Use the local area Ordinarily Available Provision document to support this   * **Quality First Teaching (QFT)/Universal** * **Targeted** * **Personalised** |

**Cognition and Learning (EYFS- Literacy, Maths, KUW, EAD)**

|  |  |
| --- | --- |
| **Primary need** | **Yes/no** |
| **Strengths and achievements** | | | **Next steps for development agreed by all** |
| **Date:** | | |  |
| **Date:** | | |  |
| **Date:** | | |  |

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| **Provision being provided to meet Cognition and Learning needs:** Use the local area Ordinarily Available Provision document to support this   * **Quality First Teaching (QFT)/Universal** * **Targeted** * **Personalised** |

**Social Emotional and Mental Health (EYFS-PSED)**

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| --- | --- |
| **Primary need** | **Yes/no** |
| **Strengths and achievements** | | | **Next steps for development agreed by all** |
| **Date:** | | |  |
| **Date:** | | |  |
| **Date:** | | |  |

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| **Provision being provided to meet Social, Emotional and Mental Health needs:** Use the local area Ordinarily Available Provision document to support this   * **Quality First Teaching (QFT)/Universal** * **Targeted** * **Personalised** |

**Sensory/Physical (EYFS- Physical Development)**

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| --- | --- |
| **Primary need** | **Yes/no** |
| **Strengths and achievements** | | | **Next steps for development agreed by all** |
| **Date:** | | |  |
| **Date:** | | |  |
| **Date:** | | |  |

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| **Provision being provided to meet Sensory/Physical needs:** Use the local area Ordinarily Available Provision document to support this   * **Quality First Teaching (QFT)/Universal** * **Targeted** * **Personalised** |

**Assess, Plan, Do, Review- in this section you can set, implement and review short term outcomes according to the child’s primary need/priority area.**

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| --- | --- | --- | --- |
| **Date set** |  | **Cycle no:** | **1** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of need** | **SMART Outcome** | **How will child be helped to achieve this outcome?** | **Review (with date) Achieved/partially achieved/not achieved (why?)** |
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| --- | --- | --- | --- |
| **Date set** |  | **Cycle no:** | **2** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of need** | **SMART Outcome** | **How will child be helped to achieve this outcome?** | **Review (with date) Achieved/partially achieved/not achieved (why?)** |
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| **Date set** |  | **Cycle no:** | **3** |

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| --- | --- | --- | --- |
| **Area of need** | **SMART Outcome** | **How will child be helped to achieve this outcome?** | **Review (with date) Achieved/partially achieved/not achieved (why?)** |
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| --- | --- | --- | --- |
| **Date set** |  | **Cycle no:** | **4** |

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| --- | --- | --- | --- |
| **Area of need** | **SMART Outcome** | **How will child be helped to achieve this outcome?** | **Review (with date) Achieved/partially achieved/not achieved (why?)** |
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**Attainment and Assessment**

**Use this section to record summative data relating to the child’s development**

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| **Assessment tool being used to consider progress within EYFS (eg: Development Matters/Birth to 5 Matters/Early Support Developmental Journal/Cherry Garden School Branch Maps):** |
|  |
| **What does this tool tell you about the child’s progress? Add in any documentation here, as appropriate (eg: attainment grid).** |

**Timetable of support**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday (am)** | **Tuesday (am)** | **Wednesday (am)** | **Thursday (am)** | **Friday (am)** |
| **Timings (please amend)** | **This section should be completed and updated to reflect any additional support being given to the child. This should be used to accompany any request for Inclusion Grant Funding and can be amended to reflect longer hours. You can use your own template if you wish.**  **What is the adult doing to support the child during this time? (eg: physical assistance around environment; use of individual visual prompts to make choices; individualised/paired story time; use of outside area when peers are inside)- please expand boxes as required** | | | | |
| **9am- 09.30** |  |  |  |  |  |
| **09.30- 10am** |  |  |  |  |  |
| **10am- 10.30** |  |  |  |  |  |
| **10.30- 11am** |  |  |  |  |  |
| **11am- 11.30** |  |  |  |  |  |
| **11.30- 12.00** |  |  |  |  |  |
|  | **Monday (pm)** | **Tuesday (pm)** | **Wednesday (pm)** | **Thursday (pm)** | **Friday (pm)** |
| **12.00- 12.30** |  |  |  |  |  |
| **12.30- 13.00** |  |  |  |  |  |
| **13.00- 13.30** |  |  |  |  |  |
| **13.30- 14.00** |  |  |  |  |  |
| **14.00- 14.30** |  |  |  |  |  |
| **14.30- 15.00** |  |  |  |  |  |

**Parent/Carer consent for SEND Services Involvement**

Milton Keynes SEND Services aim to provide effective support to children and young people in the right way and at the right time. For this to happen, informed consent to become involved with the support of any child/young person until they are 16 years old is legally required.

*This consent must come from the person(s) with legal parental responsibility for the child/young person.*

This consent form is designed to give all teams within Milton Keynes SEND Services parent/carer permission to:

* Work with your child/young person
* Collect, store, discuss and share their information as appropriate in line with General Data Protection Regulations (GDPR)

As part of our processes, SEND Services reports and/or records of involvement are shared with school/setting and parent/carer (and young person if over 16 years old).

If you would like to discuss any issues about our involvement before completing this consent form, please do not hesitate to contact us ([SENDsupport@milton-keynes.gov.uk](mailto:SENDsupport@milton-keynes.gov.uk) or 01908 657825).

|  |  |
| --- | --- |
| **Name of child/young person:** | **D DOB:**  **Year Group:** |
| **Early Years Provider name:** | **EYs Provider contact number and email address:** |

**For parents/carers:**

* I give permission for the involvement from SEND Teams to work with my child/young person.
* I give permission for information to be collected, stored, discussed and shared with relevant partners to enable SEND Teams to support the work they do with me and my child/young person. This means that my information may be shared with: Health Services including CAMHS; Social Services including Children and Family Practices, Social Care and/or YOT; SEND Services including Children with Disabilities Team; Inclusion Specialist Teaching Team; EHC Specialist Teaching Team; and Educational Psychology Service; Children’s Centre/Setting/School and/or other relevant parties as appropriate.
* I understand that I may withdraw my consent for SEND Teams to work with my child/young person at any time.
* I understand that my consent is assumed to be ongoing unless I indicate in writing that I am withdrawing my consent for involvement from SEND Services.
* I understand that information from these discussions will be stored on the MKC SEND Team secure database for future reference and that this information is available to me upon request.

**Parent/Carer Signature:** ………………………………………………. **Date:** ……………………………

**Parent/Carer name (print):** …………………………………………………………………………………..………………….

**Relationship to child/young person:** ………………………………………………………………………………………..

**Parent/Carer phone number:** …………………………………………………………………………………………………..

**Parent/Carer email:** ………………………………………………………………………………………………………………….

*(Please advise SEND Services if parental responsibility changes)*