

Individual Education Plan- School



Child's name:

Child's class:

Child's date of birth:

SEN Stage: SEN support

Date:

Current Attainment : (please highlight)

Reading	Below	Working towards	Expected
Writing	Below	Working towards	Expected
Maths	Below	Working towards	Expected

Current areas of strength in school:

Current areas of need(s) in school/barriers to learning: (please complete relevant sections)

Communication and interaction	Cognition and learning	Social, mental and emotional health	Sensory and/or physical development
	<ul style="list-style-type: none"> • 		

Key Relevant Agencies (Highlight agencies involved either currently or in the past)

Educational Psychologist ___

The Working Together Team (ASD) ___

BOSS (Behaviour Outreach Support Service)

CAMHS/counselling ___

Speech and Language Therapist ___

Occupational Therapist ___

Physiotherapist ___

Sensory Impaired Service ___

Paediatric Health Service ___

Social Care ___

Other _

Support already in place (list interventions and strategies that support child's needs)		
Plan of action Target 1	How will this be achieved?	Review of target. Amended: Date achieved:
Target 2		Amended: Date achieved:
Target set by pupil		Amended: Date achieved:
Target set by parent		Amended: Date achieved:
New targets when above targets have been achieved.		
Completed by _____ (class teacher) (SENDCo) _____ (Parent/carer) _____ (Child) Review date:		