**09.13b SEN Support - Action plan**

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| --- | --- | --- |
| **Date:** **My name is:****My DOB is:**  | **This is Me!** | *IMAGE OF CHILD* |
| **I can:****I would like to:** |
| **This is what is important to me:** |
| **I can’t do everything I like because:** |
| **My parents/carers think:****My key person thinks:** |
| **I receive help from:** |
| **I already have this help from my setting:** |
| **I would like to try this activity****When and where?****With whom?****With what?****The outcome should be:** |
| **I may also like to try to****When and where?****With whom?****With what?****The outcome should be:** |
| **My parents/carers will help me by:** |
| **We will look at my plan again on:**  |  |

**Action plan - Recording Sheet**

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| --- | --- | --- | --- |
| **Name of child:** |  | **Key person:** |  |
| **Planned objective:** |  |
| **Date:** | **Activity:** | **Outcomes:** | **Persons present:** |
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| **Notes:** |
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**Action plan - Review sheet**

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| **Name of child:** |  | **Date:** |  |
| **People present at this review:** |
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| **Planned objectives:** |
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| **Outcome (setting):** |
|  |
| **Outcome (home):** |
|  |
| **Next steps:** |
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