|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is important to me** | **My One Page Profile** | | | **How best to support me** |
| **Name:** | (photo) | **School:** |
| **Year/Class:** |
| **What people like and admire about me** | | |
| **Important people in my life** |
| **What I do not like** | **My hopes and dreams for the future** | | | **What is important for me** |
| **What is the best way to communicate with me** | | |

**Assess**

|  |  |  |
| --- | --- | --- |
| **SEND Primary Need (See Code of Practice):** | **Medical/other:** | **Professionals involved:** |

**Current Attainment Levels**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **English** | | **Core subjects** | | | **Other** | **Standardised assessments** | | |
| **Reading** | **Writing** | **Spoken language** | **Maths** | **Science** |  | **Reading** | **Spelling** | **Other** |
| Date | Date | Date | Date | Date | Date | Date | Date | Date |
| Assessment used: | Assessment used: | Assessment used: | Assessment used: | Assessment used: | Assessment used: | Assessment used: | Assessment used: | Assessment used: |

Long term outcome sought (please use assessment information from external professionals and current assessment information as listed above).

|  |  |  |
| --- | --- | --- |
| **Education** | **Health** | **Care** |
|  |  |  |

**Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Provision** | **Strategies (**please include details for how the CYP can be supported at home) | **Success Criteria** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Do: Provision map**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outcome (please cut and paste from above) | Success criteria (please cut and paste from above) | Provision  (please cut and paste from above) | Who will provide this and when? | Review- CYP | Review Parent/Carer | Review School |
|  |  |  |  | ☺  😐  ☹ |  |  |
|  |  |  |  | ☺  😐  ☹ |  |  |
|  |  |  |  | ☺  😐  ☹ |  |  |
|  |  |  |  | ☺  😐  ☹ |  |  |

**Review**

Date of my review:

|  |  |  |
| --- | --- | --- |
| What did I enjoy: | What did I find I difficult: | I am now able to: |
| My family have noticed: | My teacher has noticed: | Other adults have noticed:  E.g. within school SENCO, TA or external professionals |
| What I need to do next: | What needs to change: | What other help and support is needed and who will provide me with this? |

Who attended my review?

|  |  |  |
| --- | --- | --- |
| Name | Role | Signature |
|  |  |  |
|  |  |  |
|  |  |  |