

SEN Support - Action plan

Date:		
My name is:	This is Me!	IMAGE OF CHILD
My DOB is:		
l 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:

Notes:

Action plan - Review sheet	
Name of child:	Date:
People present at this review:	
Planned objectives:	

Outcome (setting):

Outcome (home):

Next steps: