

## 09.13b SEN Support - Action plan

Date:

My name is:

This is Me!

IMAGE OF CHILD

My DOB is:

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**

**Name of child:**

**Key person:**

**Planned objective:**

**Date:**

**Activity:**

**Outcomes:**

**Persons present:**

Date:	Activity:	Outcomes:	Persons present:

**Notes:**

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**Action plan - Review sheet**

**Name of child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**People present at this review:**

**Planned objectives:**

**Outcome (setting):**

**Outcome (home):**

**Next steps:**