**Support and Achievement Plan**

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| **Name(s) (add rows as required)**of child(ren)/young people/parents (if whole family focused) | **DOB** | **Year Group** **(if relevant)** |
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| **Profile**Summarise relevant details of strengths and difficulties of Child/Young Person/family members.Please consider:

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| 1. **Communication**
 | 1. **Learning and development**
 | 1. **Behaviour and emotions**
 |
| 1. **Health**
 | 1. **Every day life**
 | 1. **Family and community**
 |

*For Child/Young Person* *consider*: academic and developmental progress, and recommended support strategies*For families also consider*: parents’ needs and home factors. |
| *Circle or highlight relevant group**(as appropriate)* | Special Educational Needs | Pupil Premium Group | Looked After Child | Gypsy RomaTraveller | Other ethnic group | Gifted and Talented | Other (what?) |
| SENS | Assessment | Statement/ EHC Plan |
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| **Pupil Comments:**E.g. what I like, what I am good at, what I need help with | **Parent Comments:**E.g. what is working, what is not working |

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| **Outcome(s)** | **Needs being met (1-6) as in profile** | **What will need to happen?****Include quantity and frequency** | **Who** | **Timescales** | **Review** |
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| **Sign** | **Print name** | **Date** | **Contact number/email** |
| **Parent** |  |  |  |  |
| **Child/Young Person** |  |  |  |  |
| **Practitioner** |  |  |  |  |

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| **People with whom plan has been shared** |
|  |
| **Date support started** | **Date plan created** | **Date plan to be reviewed** |
|  |  |  |

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