

A: Personal Information



My Support Plan

Name:	Xxxxxx Xxxxxx
D.O.B:	XX/XX/XXXX
Home language:	Xxxxxx
Gender:	Male
Ethnicity:	Xxxxxx
Primary area of need:	<p>Communication and Interaction</p> <p>Cognition and Learning</p> <p>Social, Emotional Mental health</p> <p>Physical and/or Sensory</p>
Other identified needs: (choose all that apply*)	<p>Executive Functioning and Working Memory</p> <p>Attention and Concentration</p> <p>Social Communication</p> <p>Hearing Impairment</p> <p>Multi-Sensory Impairment</p> <p>Physical Difficulties</p> <p>Social, Emotional and Mental Health</p> <p>Speech, Language and Communication</p> <p>Specific Learning Difficulties</p> <p>Visual Impairment</p>
Social Care needs: (choose all that apply*)	<p>Child in Need</p> <p>Child Protection</p> <p>Child in Care</p> <p>Other</p>

Details of setting:

Early Years Setting /school/college:	Xxxxxxx	My Key stage/year group:	KS1, Year 2
Address:	X	Attendance (absence – hours per week/days) Include details of any reduced timetable or off-site education arrangements	100%
Main contact:	Xxxxxxx Xxxxxxx, SENDCo	Email:	X

B: All about me

Xxxxxx was unable to articulate his answers so adults have inferred.

I am 7 years old

I communicate by: pulls, pokes and pinches. 1 or 2 word phrases. Echolalia.

What you can do to help me:

Be patient, use lots of visuals, provide him with safe, independent place to work.

What is important to me:

Alphabet letters, making Numberblocks with multilink and drawing faces with whiteboard pens. His mum.

What people like and admire about me:

His love for his mum.

My strengths and talents:

The push bike. Climbing on the climbing frame.
Spelling unexpected words (TV channels)

My fears / worries / things I don't like:

People in his personal space or touching him. Sharing.

My dream is to / in the future I want to:

Hard to interpret on Xxxxxx's behalf.

My favourite things:

Alphabet letters, watching videos. Play dough.
Cubes.

C: Professionals involved in my life

Name and Role	Written evidence from professional attached	Currently involved: start date/end date
Xxxxxx Xxxxxx, Paediatrician	ASD diagnostic report	XX.XX.XXXX
Xxxxxx Xxxxxx, SALT	Recent care plan	XX.XX.XXXX
Xxxxxx Xxxxxx, EP	Referred for assessment	XX.XX.XXXX
Xxxxxx Xxxxxx, Positive behaviour support team	Referred and on waiting list	Referred XX.XX.XXXX
Xxxxxx Xxxxxx	Referral pending termly planning meeting	Referred XX.XX.XXXX

D: Background Information

<p>Outline any significant developments:</p> <ul style="list-style-type: none"> • Family circumstances • Education • Medical/Health/external professionals 	<p>Family Circumstances: XXXXXX lives with his parents and two older siblings in XXXXXX. The family speaks XXXXXX at home. Both parents and siblings are well, with no notable family history of developmental or medical issues.</p> <p>Medical/Health and External Professionals: XXXXXX was seen at the Hillingdon Child Development Centre by Dr XXXXXX XXXXXX, Locum Consultant Paediatrician, on XX.XX.XXXX for developmental assessment. He was diagnosed with Autism Spectrum Disorder (ASD) and developmental delay. His general health is good, and he has no history of significant illness, allergies, or neonatal complications. His immunisations are up to date. Hearing and vision are reported normal, and there are no concerns with dental health. XXXXXX is already known to Speech and Language Therapy.</p>
<p>What is working well for the child/young person and their family?</p>	<p>XXXXXX is generally described as a happy and healthy child. His father reports improvements in some behaviours — for instance, he no longer bites others or spins frequently. His sleep routine is mostly settled, and he maintains a healthy diet with no feeding issues. Physically, XXXXXX is active, able to ride a push bike independently, and manages some aspects of self-care, such as washing hands, cleaning teeth, and feeding himself. His parents appear committed and engaged, actively seeking professional advice and educational support for his development.</p>
<p>Further comments:</p> <ul style="list-style-type: none"> • Family priorities e.g. relocation, housing, awaiting placement 	<p>The family's current priorities focus on understanding and supporting XXXXXX's developmental needs following his ASD diagnosis. They are pursuing access to educational and community-based support services, and potential EHCP application. There are no known housing or relocation issues.</p>

E: Strengths and Special Educational Needs

Hints and Tips: Useful Definitions

Co-production: child or young person's views, information from parents and setting assessment information collected over time.

Professionals: include information about their work here, such as what they did, when and the key points from their involvement.

APDR: Identification of need, identify barriers to learning, what has been tried so far, the impact of additional support and what needs to happen next.

Area of Need Provide a short description of needs that only applies to relevant areas	Strengths: Personal qualities and interests. Clubs/activities they participate in. Do they have leadership role/class responsibilities?	Special Educational Needs: Include key attainment data e.g. reading, spelling, SALT screening, assessment data, class observations and information from professional reports.
Communication and Interaction	<p>Xxxxxxx demonstrates emerging communication strengths within familiar, highly supported contexts. DfE SEND assessment data shows a total score of 38 in Communication and Interaction, with Interaction 11, Expressive Communication 13 and Receptive Communication 14, indicating developing but uneven skills. He enjoys familiar one-to-one interactions with trusted adults and responds positively to consistent communication approaches used across his personalised timetable. With support from Speech and Language Therapy (SALT) and daily use of visual systems, including TEACCH trays, Now/Next boards and communication visuals, Xxxxxxx is able to imitate simple gestures and actions and use single words or short phrases to express basic needs. He is beginning to point to indicate choices and can attract adult attention through gestures or vocalisations. He shows some understanding of simple instructions when these</p>	<p>Despite these strengths, Xxxxxxx presents with significant and persistent communication difficulties. His SEND assessment scores reflect ongoing need across expressive and receptive language, with skills well below age-related expectations. He remains mostly non-verbal, relying heavily on gestures, echolalia, and single words, and struggles to understand spoken language without visual or contextual support. Two-way communication is limited, and his awareness of social cues such as eye contact, facial expression and tone of voice is significantly reduced. Weak phonological awareness, including confusion between letter names and sounds, further impacts early literacy development, despite access to phonics taught in stage-appropriate groupings rather than age-based expectations with a small adult-to-pupil ratio. These needs require ongoing, targeted SALT intervention, supported daily by trained staff, to develop functional</p>

	<p>are supported by repetition, visuals, and reduced language, as embedded through Reynell's Attention Levels 1–3 strategies. Xxxxxxx is also beginning to show emerging peer awareness during structured playtimes, supported by 1:1 playtime supervision.</p>	<p>communication, sentence structure and understanding of instructions using visual scaffolds.</p>
<p>Cognition and Learning</p>	<p>Xxxxxxx's SEND assessment score of 43 in Cognition and Learning highlights emerging developmental skills, including Play Skills 11, Exploratory Skills 14 and Problem Solving 18. He is curious about his environment and enjoys exploring objects and materials, particularly within structured, hands-on activities. Xxxxxxx demonstrates understanding of cause and effect and can engage in trial-and-error problem solving. He recognises familiar routines and is beginning to show early awareness of counting and grouping, supported through phonics and maths teaching delivered at 'stage not age' level with concrete resources. He responds positively to structure, predictability and visual supports, all of which are embedded within his personalised timetable and supported by consistent adult modelling.</p>	<p>Xxxxxxx's overall cognitive development remains significantly delayed and he requires a high level of adult support to access learning. His attention and focus are inconsistent and he finds it difficult to retain, apply and generalise learning across contexts, as reflected in his SEND assessment profile. He benefits from short, structured learning tasks, repetition and visual scaffolding, and requires adult mediation to remain engaged. Unstructured times and transitions remain particularly challenging, necessitating clear visual routines and adult support throughout the day. Xxxxxxx currently accesses Attention Hillingdon interventions to support sustained attention, listening and engagement, alongside highly personalised learning tasks delivered in a low-distraction environment.</p>
<p>Social, Emotional and Mental Health</p>	<p>Xxxxxxx's SEND assessment data shows a total score of 35 in Social and Emotional development, with Social Skills 18 and Awareness of Self 12, indicating emerging strengths in relational security. He is generally a happy and calm child who enjoys praise, predictable routines and familiar adults. He can play independently and, with support, occasionally engages positively with peers, particularly in physical play. His ability to take turns has improved with the use of social stories, consistent routines, and adult modelling and he responds well to encouragement from trusted adults.</p>	<p>Xxxxxxx 's regulation score of 5 highlights significant ongoing difficulties with emotional regulation. When frustrated or faced with unmet expectations, he can become dysregulated and display behaviours such as hitting, pinching or shouting. His emotional awareness is limited, and he finds it difficult to recognise, label or communicate emotions in himself or others. These needs are currently supported through 1:1 supervision, and staff continue in their attempts to understand make adaptations based on a behaviour motivation assessment, completion of PDA and behaviour screeners, and referral to the Positive Behaviour Support (PBS) team, for which he remains on the waiting list. Regular Team Around the Child (TAC) meetings are in place to</p>

		ensure consistent approaches between home, school and external services.
Sensory and/or Physical	<p>Xxxxxx's strongest area within SEND assessment is Sensory and Physical development, with a total score of 57, including Mobility 23, Life Skills 19, and Sensory 15. He demonstrates emerging gross motor skills, including running, climbing and riding a push bike independently, and enjoys active play. His fine motor skills are developing; he can feed himself, drink from an open cup, scribble with a pencil and manage some aspects of self-care with support. He has made notable progress in sensory tolerance and no longer shows distress to certain sounds, such as hand dryers. These strengths are supported through gross motor intervention and regular opportunities for movement within his daily routine.</p>	<p>Despite progress, Xxxxxx continues to display sensory-seeking behaviours, including licking objects and repetitive actions such as switching lights on and off. He can be impulsive and has limited awareness of danger, requiring close adult supervision throughout the school day. Changes in routine, unfamiliar sensory experiences or new foods can cause distress. Xxxxxx benefits from planned sensory breaks, calm and predictable environments and structured opportunities to explore sensory materials safely. He also requires ongoing fine motor intervention to further develop hand control and increase independence with dressing and functional self-care skills.</p>

F: Outcomes and Review

Hints and Tips:

Outcome: A skill that you will have at some point in the future.

Provision: 'additional to and different from' what is available to all children/ young people and beyond OAP.

OAP: High quality and adaptive teaching strategies that are in place for the child/ young person and any reasonable adjustments that are part of a setting's core offer.

Hints and Tips:

	Guiding Questions	Example
Specific	What exactly should the CYP achieve?	"To use visual timetable to transition between activities..."
Measurable	How will we know the child has achieved it?	"...on 4 out of 5 occasions."
Achievable	Is this realistic given the child's needs and support?	Linked to CYP needs
Relevant	Does the outcome support the child's learning or development?	Linked to curriculum access/development
Time -bound	When should this be achieved by?	"..within the next 6 weeks."

Examples:

- "Within 8 weeks, X will independently complete a 2-step maths problem using manipulatives in 4 out of 5 lessons."
- "Within 6 weeks, X will initiate a peer interaction using a sentence starter during 3 playtimes per week."
- "Within the next 6 weeks, X will use a calm-down strategy when upset, reducing incidents from 4 to 1 per week."

Hints and Tips:

- Review SMART outcomes according to the needs of the child/ young person.
- What impact has the target had on the child/ young person's learning?
- Do new outcomes need to be identified?
- Does support need to continue or does different support need to be implemented?

0 – not achieved

1 – Partly achieved

2 – Achieved

Long-term outcome (s): A skill/s that the pupil is expected to have mastered by the end of their current key stage or shortly thereafter. These outcomes should contribute meaningfully to preparation for adulthood e.g. employment, community participation and health and wellbeing.

1. By the end of Year 3, Xxxxxxx will be able to use simple sentences or short phrases consistently to express his needs, wants, and ideas across different settings (home and school), using his preferred method of communication (spoken words, visuals, or signing).
2. By the end of Year 3, Xxxxxxx will be able to sustain attention for short periods (up to 10 minutes) during structured, adult-led learning tasks and complete them with minimal prompting.
3. By the end of Year 3, Xxxxxxx will be able to recognise and communicate basic emotions (e.g., happy, sad, angry, tired) using words, visuals, or gestures.

Year 2 - Autumn Term – Cycle One

Outcomes & Provision				Outcomes Review			
Special Educational Need	Short-term outcome	What we need to do to achieve the outcome:	What will success look like?	Outcome Review – First Cycle	What is working well and why?	What needs to be improved?	New Outcome (if applicable)
As stated in section E	What is the area of concern? SMART target which is achievable within a term to work towards removing the barriers to learning. Specify the linked long-term outcome.	Action that is additional to and different from quality first teaching/OAP - <i>Personalised curriculum, assistive technology or learning aids, individual or group work, therapeutic interventions. Include frequency and level of support.</i>	<ul style="list-style-type: none"> • Who will do it? • By When? 	Include: Score 0-2 Date			
Communication and Interaction	By the end of this term, Xxxxxxx will use 2–3 word combinations (spoken, signed, or with visuals) to make simple requests or comments during structured adult-led activities, in 2 out of 5	<ul style="list-style-type: none"> • Daily use of visual supports such as communication boards and “now and next” cards. • Adults to model clear, simple language and provide additional processing time. 	Xxxxxxx will be able to communicate his needs which will aid regulation and access to learning.	16.12.25 1	Xxxxxxx has made small but meaningful gains in communicating within highly structured, adult-led contexts. He is more willing to use gestures, single words, and occasional two-word combinations when		Within one term, Xxxxxxx will use a single word, gesture, or visual symbol to make a functional

	observed opportunities across the week.	<ul style="list-style-type: none"> • Opportunities for Xxxxxxx to communicate choices and needs throughout daily routines. • Consistent visual prompts and repetition to reinforce understanding. • Weekly small-group or 1:1 Speech and Language Therapy (SALT) intervention delivered by a trained TA under therapist guidance. • Termly review of communication targets by the Speech and Language Therapist. • Staff trained in the use of Xxxxxxx's preferred communication system (e.g. visuals, symbols, or signs). • Regular home-school communication to promote generalisation of new language. 			supported by visuals and familiar adults. However, the original target has only been partly achieved, as communication remains inconsistent and highly dependent on adult prompting. DfE SEND assessment outcomes continue to indicate significant need in expressive and receptive communication, and Xxxxxxx is not yet able to generalise communication skills independently across settings.	request or comment during a structured adult-led activity in 3 out of 5 observed opportunities, with adult modelling and visual support.
Cognition and Learning	By the end of this term, Xxxxxxx will be able to focus on a structured, adult-led learning activity for up to 3 minutes with visual and verbal prompts, completing the task with adult support in 3 out of 5 opportunities observed.	<ul style="list-style-type: none"> • Use of short, structured sessions broken into manageable steps with visual task prompts. • Access to visual timetables and first/then boards to support understanding of routines. • Differentiated resources and multisensory learning 	Xxxxxxx will be able to attend to lessons which will aid progress, relationships and self-esteem.	16.12.25 1	Xxxxxxx has shown increased engagement in short, highly structured tasks, particularly when learning is practical and visually supported. However, sustained attention remains very limited and the original target has been only partly	Within one term, Xxxxxxx will attend to a structured adult-led learning activity for up to 2 minutes, completing a simple task

		<p>activities to aid engagement.</p> <ul style="list-style-type: none"> • Frequent praise and use of token or reward systems to reinforce focus. • 1:1 support from a TA during focused tasks to scaffold attention and task completion. 			<p>met. He continues to require constant adult support to initiate and complete tasks, and learning is not yet retained or generalised. SEND assessment data confirms significant ongoing needs in attention, play skills and problem solving.</p>	<p>with visual support and adult scaffolding in 3 out of 5 observed opportunities.</p>
Social, Emotional and Mental Health	<p>By the end of this term, Xxxxxxx will be able to identify and label two basic emotions (e.g. happy, sad) using words, visuals, or gestures on 2 out of 5 observed occasions.</p>	<ul style="list-style-type: none"> • Daily emotional check-ins using visuals or emotion cards. • Predictable routines and consistent adult responses to behaviour. • Calm, quiet space available for regulation and sensory breaks. • Visual “feelings chart” or “zones of regulation” displayed and discussed regularly. • Individual Wave 3 behaviour support plan with identified triggers and calming strategies. • Collaboration with parents to ensure consistent emotional language and strategies at home. 	<p>Xxxxxxx will be able to identify when he is feeling an emotion and seek help, which should reduce frequency and intensity of ‘risk’ behaviours.</p>	<p>16.12.25 0</p>	<p>Xxxxxxx continues to find emotional regulation challenging. While he responds positively to predictable routines and familiar adults, he is not yet able to identify or communicate emotions independently. Episodes of dysregulation, including hitting or shouting, remain evident when he is frustrated or unable to communicate needs. The target has not yet been achieved and requires continued, intensive support.</p>	<p>Within one term, Xxxxxxx will indicate one basic emotion (e.g. happy or sad) using a visual or gesture with adult support in 3 out of 5 observed opportunities.</p>
Sensory and Physical	<p>By the end of this term, Xxxxxxx will independently complete one self-care task (e.g. putting on his shoes or washing his</p>	<ul style="list-style-type: none"> • Daily opportunities to practise self-care skills during natural routines (arrival, PE, lunch). 	<p>Xxxxxxx would demonstrate increased independence</p>	<p>16.12.25 1</p>	<p>Xxxxxxx has made progress in tolerating a wider range of sensory experiences and demonstrates good gross motor skills. However,</p>	<p>Within one term, Xxxxxxx will complete part of a self-care or</p>

	<p>hands) in 4 out of 5 opportunities, using visual step cues and minimal adult support.</p>	<ul style="list-style-type: none"> • Visual step-by-step sequences for dressing and washing hands. • Use of sensory breaks and movement activities to support regulation and focus. • Access to suitable seating and fine motor tools (e.g. pencil grips, adapted cutlery). • Targeted fine motor and self-care practice with a trained TA. • Individual sensory diet activities built into Xxxxxxx's daily schedule. 	<p>in managing his self-care.</p>		<p>sensory-seeking behaviours, impulsivity and limited safety awareness remain significant concerns. Independence in self-care tasks is emerging but inconsistent, meaning the original target has been only partly achieved.</p>	<p>motor-based task (e.g. handwashing step or gross motor activity) with visual support and adult guidance in 3 out of 5 opportunities.</p>
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Year 2 - Spring Term – Cycle Two

Outcomes & Provision				Outcomes Review			
Special Educational Need As stated in section E	Short-term outcome What is the area of concern? SMART target which is achievable within a term to work towards removing the barriers to learning. Specify the linked long-term outcome.	What we need to do to achieve the outcome: <i>Action that is additional to and different from quality first teaching/OAP - Personalised curriculum, assistive technology or learning aids, individual or group work, therapeutic interventions. Include frequency and level of support.</i>	What will success look like? <ul style="list-style-type: none"> Who will do it? By When? 	Outcome Review – Second Cycle Include: Score 0-2 Date	What is working well and why?	What needs to be improved?	New Outcome (if applicable)
Communication and Interaction	Within one term, xxxxxxx will use a single word, gesture, or visual symbol to make a functional request or comment during a structured adult-led activity in 3 out of 5 observed opportunities, with adult modelling and visual support.	<ul style="list-style-type: none"> Ongoing Speech and Language Therapy (SALT) intervention, with targets implemented daily by trained staff Daily use of TEACCH trays, communication boards, and Now/Next visuals Personalised timetable to reduce language load and support predictability Teaching strategies aligned to Reynell's Attention Levels 1–3 Phonics delivered in stage not age-based groupings with a small adult-to-pupil ratio Regular monitoring through the DfE SEND assessment tool 	xxxxxxx communicates basic needs or interests using his preferred method, with reduced frustration and improved engagement in learning and routines.				

Cognition and Learning	Within one term, Xxxxxxx will attend to a structured adult-led learning activity for up to 2 minutes, completing a simple task with visual support and adult scaffolding in 3 out of 5 observed opportunities.	<ul style="list-style-type: none"> • Attention Hillingdon intervention to develop focus, listening and task persistence • Maths taught in stage not age-based groupings, using concrete resources and a small ratio • Short, repetitive learning tasks embedded within a personalised timetable • 1:1 adult support to scaffold attention and task completion • Use of TEACCH trays to promote task clarity and independence • Progress tracked using the DfE SEND assessment tool 	Xxxxxxx remains engaged with an activity for a short period, showing readiness to learn and reduced disengagement or avoidance.				
Social, Emotional and Mental Health	Within one term, Xxxxxxx will indicate one basic emotion (e.g. happy or sad) using a visual or gesture with adult support in 3 out of 5 observed opportunities.	<ul style="list-style-type: none"> • Daily use of social stories to prepare for routines, change, and emotional experiences • 1:1 playtime supervision to support safe social interaction and regulation • Behaviour motivation approaches informed by completed PDA and behaviour screeners • Referral to Positive Behaviour Support (PBS) service (currently on waiting list) 	Xxxxxxx shows increased emotional awareness and is supported to seek help appropriately, leading to a reduction in the frequency and intensity of dysregulated behaviours.				

		<ul style="list-style-type: none"> • Consistent strategies agreed through regular Team Around the Child (TAC) meetings • Wave 3 behaviour plan and risk assessment in place and regularly reviewed 					
Sensory and Physical	<p>Within one term, Xxxxxxx will complete part of a self-care or motor-based task (e.g. handwashing step or gross motor activity) with visual support and adult guidance in 3 out of 5 opportunities.</p>	<ul style="list-style-type: none"> • Planned gross motor intervention sessions to support regulation and body awareness • Daily sensory breaks embedded into Xxxxxxx's personalised timetable • Individual visual sequences for self-care routines • Close adult supervision throughout the day due to impulsivity and safety needs • Strategies reviewed and adapted through Team Around the Child meetings 	<p>Xxxxxxx shows increased independence and regulation during physical routines, with improved readiness for learning and reduced sensory-driven behaviours.</p>				

