Appendix 1

One - Page Profile

I live with:

People who are important to me:

My favourite subject is:

My least favourite subject is:

I love to:

In my future I want to:

My family want you to know:

Name they like to be called

Full name of child

Adults who work with me are:

When I am in the red zone, please…

It makes me feel sad/cross/anxious when:

Appendix 2

Personal Support Plan

Name: **NAME**	DOB: **DOB**	Class Teacher: ***TEACHER(S)***	Year Group/ Class: **CLASS**
SEND Code of Practice Area of Need: ***NEEDS***			Start date: ***START DATE***
Things I am good at: ***GOOD AT?***		Attendance at point of review: **ATTENDANCE**	End date: ***END DATE***
Plan **My new targets are:** 	**Do** **How will I know when I've done it?** **Who is going to help me?**  	**Do** **When will I do it?** **What will I will do?**  	**Review & Assess:** **How did I get on?** **Talk about my progress?** **Start & End data:** 

Background information that's important to know	**Strategies that help me learn**	
➢	➢	
Outside agencies involved or help to support me	**My current attainment/progress after my last review:**	
	Reading WTS/ARE/GDS **ASSESSMENT DATA - Term** DATA/scores **RWI** Group Assessment data	**Writing** WTS/ARE/GDS **Maths** WTS/ARE/GDS **ASSESSMENT DATA - Term** DATA/scores
My parents/carers and relatives can help me at home by:		

My signature:	My teacher's signature:	My parent's/carers signature:

Things that you also need to know about me are included in: (Delete items that do not apply)

My Pupil Support Plan My EHCP My Risk Management Plan My Care Plan

Appendix 3 The Education, Health and Care Needs Assessment Process (EHCNA)

<table>
<tr><th colspan="2">Weeks</th><th colspan="2">Work to be completed</th></tr>
<tr><td colspan="2">BEFORE application</td><td colspan="2">- Discussion with teacher, family and child to explain the process and seek aspirations for the child/young person
- Seek consent to share child/young person's information
- Gather information for the Local Multi-Agency Group Panel to consider whether to make an EHC Assessment</td></tr>
<tr><td>1</td><td rowspan="6">6 weeks</td><td colspan="2">Send request forms - EHCNA</td></tr>
<tr><td>2</td><td colspan="2"></td></tr>
<tr><td>3</td><td colspan="2"></td></tr>
<tr><td>4</td><td colspan="2"></td></tr>
<tr><td>5</td><td colspan="2">The decision must be made and shared by the Week 6 deadline</td></tr>
<tr><td>6</td><td>Decision to assess</td><td>Decision Not to assess
Way forward meeting to include relevant professionals</td></tr>
<tr><td>7</td><td rowspan="6">6 weeks</td><td colspan="2" rowspan="6">- SEND Officer to hold Family Conversation Meeting to discuss history and aspirations to formulate Section A using person-centred planning tools
- Formal advice/information is gathered from professionals and requests for advice will include aspirations gathered in Week 1
- Circulate pre-populated EHC Plan as a basis for discussion</td></tr>
<tr><td>8</td></tr>
<tr><td>9</td></tr>
<tr><td>10</td></tr>
<tr><td>11</td></tr>
<tr><td>12</td></tr>
<tr><td>13</td><td rowspan="4">4 weeks</td><td colspan="2">- Multi-Agency Meeting held to co-produce the draft EHC Plan with a focus on outcomes
- SEN Officer to prepare co-produced draft EHC Plan. Team Manager to ensure quality assurance of EHC Plan
- If a draft EHC Plan is being produced seek formal parental preference of school to be named in Section I of the EHC Plan</td></tr>
<tr><td>14</td></tr>
<tr><td>15</td></tr>
<tr><td>16</td><td colspan="2">Parents/young person must be informed of decision by Week 16</td></tr>
<tr><td colspan="2"></td><td>YES – requires – EHC Plan
ISSUES DRAFT EHCP</td><td>No – Requires written feedback – by week 16</td></tr>
<tr><td>17</td><td rowspan="3">4 weeks</td><td colspan="2">- Consult with school before naming in Section I of the EHC Plan
- Draft EHC Plan agreed by Week 18</td></tr>
<tr><td>18</td></tr>
<tr><td>19</td><td colspan="2"></td></tr>
<tr><td>20</td><td colspan="2">Final EHC Plan must be issued by Week 20</td></tr>
</table>