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| ***nurney logo jpeg.jpg*Stage 2**  **Yellow \*** | **School Support**  (Support for some) |
| Support Plan No: |  |

**To be completed by the teacher(s).**   
For help, see *SEN: A Continuum of Support - Guidelines for Teachers: BESD: A Continuum of Support – Guidelines for Teachers* pp.71-74*; A Continuum of Support for Primary Schools, Resource Pack for Teachers,* pp. 51, 53, 54, 57*.*

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| Student’s name |  | Age |  |
| Lead teacher |  | Class/year |  |
| Start date of plan |  | | |
| Review date of plan |  | | |

\*A consultation with a NEPS psychologist/ other professionals may contribute to this plan.

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| **Support Plan Review Summary** | | |
| Date of review |  | |
| Names of those present |  | |
| **Outcome of Review** | | |
|  | | ***Please tick below as appropriate:*** |
| 1. Continue at current level of support i.e. Yellow School Support Plan | |  |
| 1. Progress to another level of support.   Please specify:  Classroom Support (Green)   School Support (Yellow)     School Support Plus (Red) | |  |
| 1. Request / Recommend consultation with other professionals | |  |
| 1. No further support needed in this area at this time | |  |

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| **Support Checklist** | | | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Age: \_\_\_\_** | **Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **General Information** | **Date Checked** | **Comments** |
| 1. Parents/ Guardians Consulted |  |  |
| 1. Information from previous school/preschool gathered |  |  |
| 1. Hearing |  |  |
| 1. Vision |  |  |
| 1. Medical Needs |  |  |
| 1. Basic Needs Checklist completed |  |  |
| 1. Assessment of learning- screening |  |  |
| 1. Observation of learning style/approach to learning |  |  |
| 1. Observation of behaviour |  |  |
| 1. Interview with pupil |  |  |
| 1. Classroom work differentiated? |  |  |
| 1. Learning environment adapted? |  |  |
| 1. Yard/school environments adapted? |  |  |
| 1. Informal or formal consultation/advice with outside professionals? |  |  |
| 1. Advice given by learning support/resource teacher or other school staff? |  |  |
| 1. Other interventions put in place in school? |  |  |
| **Action needed** |  |  |
| *Helpful references: SEN: A Continuum of Support: Resource Pack for Teachers, pp. 13-16, 18 to 20; BESD: A Continuum of Support, p 7; A Continuum of Support for Primary Schools, Resource Pack for Teachers, pp32-36; Student Support Teams in Primary Schools, pp20* | | |

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| **School Support Plan** |

**To be completed by the teacher(s) as a review of the plan and as a guide for future actions.**For help, see *SEN: A Continuum of Support - Guidelines for Teachers; BESD: A Continuum of Support – Guidelines for Teachers pp.71-74;*

*A Continuum of Support for Primary Schools, Resource pack for Teachers, pp.51, 53, 54, 57*

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| Student’s strengths and interests | |
| Priority concerns | |
| Possible reasons for concerns | |
| Targets for the student | |
| Strategies to help the student achieve the targets | |
| Staff involved and resources needed | |
| Signature of parent(s)/ guardian(s) |  |
| Signature of teacher |  |

\*A consultation with a NEPS psychologist/ other professionals may contribute to this review.

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| **School Support Plan Review** |

**To be completed by the teacher(s) as a review of the plan and as a guide for future actions.**  
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| What areas of the plan have been most successful and why? | |
| Since the start of the plan, has anything changed in relation to the original concerns? If so, what are these changes, and what have we learned from them? | |
| Have the student’s needs changed since the start of the plan, and if so how? | |
| Recommended future actions – *what, how, who, when?* | |
| Any comments from the student? | |
| Any comments from the parent(s)/guardian(s)? | |
| Signature of parent(s)/ guardian(s) |  |
| Signature of teacher(s) |  |