



## 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 - Review sheet

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

People present at this review:

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Planned objectives:

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Outcome (setting):

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Outcome (home):

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Next steps:

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