Intervention Support Plan and Timetable. *(inset school logo / vision and values here)*

Description of Plan intention

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Year Group:** |  | **SEN Status** | **None** | **SENk** | **EHCP** |
| **CLA:LAC** | **Y/N** | **PLAC** | **Y/N** | **Social Service** | **CP** | **CIN** | **TAF** | **Early Help** |
| **OBP date** |  | **No.** |  | **Suspensions** |  | **PP** | **Yes** | **No** |
| **Name of lead in school / Trusted Adult** |  |
|  |
| **Context/Narrative – Family Background and life experience** |
|  |
| **Barriers to Learning - Inc SEN information** |
|  |
| **Risks:** |
|  |
| **Previous strategies and outcomes: include all reasonable adjustments in place.** |
|  |
| **Preventative measures/ Mitigations:** |
|  |
| **Effective scripts to use** |
|  |

Voice of Child

**Pupil’s thoughts about school**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **The things I like best at school are:** |
|  |
| **The things I am good at or interest me are:** |
| **The people I like best at school are:** |
| **Adults** | **Children** |
|  |
| **The things about school I don’t like are:** |
|  |
| **The things I find difficult about school are:** |
|  |
| **School would be better for me if:** |
|  |
| **At school I would also like:** |
| **Things that make me feel safe are:** |
|  |
| **Signed:** |  | **Date** |  |
|  |

**Alternative Intervention**

|  |
| --- |
| Intervention Description Insert reason intervention is taking place and intended outcomes |
|  |
| Name Of Provider. |
| Contact Details |
| Date Quality Assurance undertaken |  | Date initial Visit |  | Funding mechanism |
|  |
| Intended outcome of interventionMake the targets SMART |

Timetable

Inset where the child will be on each day – the columns can be changed to include Staff/Outcomes etc etc.

Insert review times and mechanisms to reflect on impact and alterations to plan. Consideration if part of Reintegration Timetable (appropriate LA google form completed?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | Date | School | Intervention | Home |
| Mon |  |  |  |  |
| Tue |  |  |  |  |
| Wed |  |  |  |  |
| Thurs |  |  |  |  |
| Fri |  |  |  |  |
| Weekend |
| Mon |  |  |  |  |
| Tue |  |  |  |  |
| Wed |  |  |  |  |
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| Weekend |
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| Tue |  |  |  |  |
| Wed |  |  |  |  |
| Thurs |  |  |  |  |
| Mon |  |  |  |  |
| Weekend |
| Mon |  |  |  |  |
| Tue |  |  |  |  |
| Wed |  |  |  |  |
| Thurs |  |  |  |  |
| Mon |  |  |  |  |
| Half Term |

Outcomes – Report from The Alternative Provision attached

Review date – Closure of Plan.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_