# Individual Support Plan (ISP)

Photo of child / young person

|  |  |
| --- | --- |
| **Name of child / young person** |  |
| **Date of birth** |  |
| **Name of school / setting** |  |

This form should be completed over time to provide a record of the support that has been put into place and the difference it has made to the child or young person. This record should become part of the child or young persons’ education records and accompany them as they progress through their education pathway as they move between classes and education schools and settings.

This document is designed to be completed by teachers and support staff in the first instance, if a child or young person’s progress causes concern and they require regular support that is beyond quality first teaching, different from and/or additional to that accessed by their peers.

Pupils with complex needs may require additional sheets from the annex of further information, to be completed alongside the SENCo if/when necessary. This may be required if the child or young person continues to require additional support that is significantly different from and/or additional to that accessed by their peers.

**Information for professionals: the target setting sheet must be copied and pasted for further cycles of Plan, Do and Review as needed. There is no minimum or maximum number of cycles of targeted support that a child or young person may require – decision making must be person-centred.**

## My Personal Profile – Updated Annually

## This is a suggested format. For alternative methods to collect pupil views see [Tools for Schools](https://www.westsussex.gov.uk/tools-for-schools/childs-journey/views-of-the-child-or-young-person/).

## Pupil views MUST inform support and target setting

My name:

I like to be called:

Today’s date:

|  |  |  |
| --- | --- | --- |
| What can I do well? | What do I need help with? | How best to support, communicate and work well with me? |
|  |  |  |
| What do I like and what makes me happy? | What is important for me now? | What is important for me in the future (My aspirations)? |
|  |  |  |
| Other things you need to know about me | | |
|  | | |

## Assess My strengths and Areas of Need

## Information in this section should be amended and added to over time, as more is learned about the child or young person’s strengths and areas of need

|  |
| --- |
| Cognition and Learning |
| My Strengths |
|  |
| My Areas of Need |
|  |
| Communication and Interaction |
| My Strengths |
|  |
| My Areas of Need |
|  |
| Social, Emotional and Mental Health |
| My Strengths |
|  |
| My Areas of Need |
|  |
| Sensory and Physical |
| My Strengths |
|  |
| My Areas of Need |
|  |
| Independence and Community Engagement |
| My Strengths |
|  |
| My Areas of Need |
|  |

## Plan, Do, Review: Cycles of Support

## SMART targets must relate to my specific areas of need, based on an assessment of my strengths and areas for development. Strategies and support may be identified using the [OAIP](https://www.westsussex.gov.uk/tools-for-schools/send-toolkit/ordinarily-available-inclusive-practice-oaip/section-1/) and must be consistently implemented over time before impact is evaluated.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| My Termly Support Plans | | | | | |
| **Pupil Name –** | | **Date –** | | | **Plan number – 1** |
| **Year Group and Term –** | | | |
| **Termly targets, based on my areas of need** | **Strategies and support in place** | **Area of need relating to target** | **Review date** | **Staff Progress review – what has gone well? Additional barriers identified?** | |
| **My Target is:**  **Where I am now  1 2 3 4 5 6 7 8 9 10** |  |  |  |  | |
| **Where I am now 1 2 3 4 5 6 7 8 9 10** | |
| **My Target is:**  **Where I am now  1 2 3 4 5 6 7 8 9 10** |  |  |  |  | |
| **Where I am now 1 2 3 4 5 6 7 8 9 10** | |
| **My Target is:**  **Where I am now 1 2 3 4 5 6 7 8 9 10** |  |  |  |  | |
| **Where I am no 1 2 3 4 5 6 7 8 9 10** | |
| **Child or young person’s view of progress** | | | | | |
| **Parent / Carer view of progress:** | | | | | |
| **Teacher reflections:** | | | | | |

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|  |  |  |  |  |  |
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| **Child or young person’s view of progress** | | | | | |
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| **Teacher reflections:** | | | | | |

## **Information for professionals**:

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## Key conversations

## This section should be used to record key events and information, such as work with other agencies or significant events affecting the child (such as family events and transitions). If information relating to the child is elsewhere in the document, it does not need to be repeated here

|  |  |  |
| --- | --- | --- |
| Chronology of Key Events | | |
| Date | What happened? Who did you talk to? What did you find out? | Comment / Actions |
|  |  |  |
|  |  |  |
|  |  |  |
| Insert further rows as required | | |

## SPACE FOR ADDITIONAL SCANS / SUPPORTING DOCUMENTS

## Use annex of additional documents for complex needs as required