 **Support and Achievement Plan: Post 16**

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| **Name** | **Male/Female** | **DOB** | **Year Group/Class** |
|  |  |  |  |
| **Name of school/setting** | **Admission date** | **Date placed on SEN Register** | **SAP date and number** | **SAP review date** |
|  |  |  |  |  |
| **Primary SEN***(Circle/highlight)* | **Speech Language & Communication Needs** | **Autistic Spectrum Disorder** | **Specific Learning Difficulty** | **Moderate Learning Difficulty** | **Severe Learning Difficulty** | **Profound & Multiple Learning Difficulties** | **Social Emotional & Mental Health Difficulty** | **Hearing Impairment** | **Visual Impairment** | **Multi-Sensory Impairment** | **Physical Disability** |
| **Additional SEN** |  |
| **Key staff***Eg: Tutors, Teachers, Teaching assistants, Key workers* |  | **Sight Test***(date and outcome):* |  |
| **Agencies involved**  |  | **Hearing Test***(date and outcome):* |  |

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| **Profile***Circle or highlight relevant group (as appropriate)* | **Special Educational Need Stage** | **Pupil****Premium** | **Looked After Child** | **Gypsy Roma****Traveller** | **Other ethnic group** | **Gifted and Talented** | **Other (what?)** |
| **SEN Support (SENS)** | **EHC****Assessment** | **Statement/ EHC Plan** |  |
| **Strengths***(with young person and parents/carers, include strengths at home and setting)* | **Difficulties** *(with young person and parents/carers, include difficulties at home and setting)* |
| 1. **Communication**
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| 1. **Learning and development**
 |  |  |
| 1. **Behaviour and emotions**
 |  |  |
| 1. **Health**
 |  |  |
| 1. **Everyday life**
 |  |  |
| 1. **Family and community**
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| **Individual healthcare plan** | *Is this SAP incorporating an ‘Individual Healthcare Plan’ as defined in ‘****Supporting pupils with medical conditions’*** *Sept 2014?* ***YES/NO****If ‘****yes****’ refer to DfE guidance ‘****Supporting pupils with medical conditions’*** *when completing this SAP and include information below.* |

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| **Individual healthcare plan information (complete if relevant)***Additional information needed to support medical conditions*  |
| **Medical condition/diagnosis:****Medication details (name of medication/dose/when and who administers medication/ side effects:***(A daily record of medicine administered must also be made)***Daily care requirements:****What constitutes an emergency?****Who is responsible in an emergency?****Arrangements for off-site activities:****Staff training:** |

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| **Current courses or modules** |  | **Start date(s)** | **End date(s)** |
|  |  |
| **Attendance tracking***Termly attendance figures in %* | **Previous year’s total** | **Autumn** | **Spring** | **Summer** |
| **1 Term** | **Term 2** | **Term 3** | **Term 4** | **Term 5** | **Term 6** |
|  |  |  |  |  |  |  |
| **Previous courses or modules completed** |  |  |  |  | **Start date(s)** | **End date(s)** |
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| **Young Person’s Comments***What is working? What is not working?**What is important* ***to*** *me? What is important* ***for*** *me?* | **Parents’/Carers’ Comments***What is working? What is not working?**What is important* ***to*** *us? What is important* ***for*** *us?* |
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|  **What are joint outcomes for the young person?** *Long term aspirations/outcomes identified by young person, in conjunction with parents/carers and school/setting.* |
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| **Short Term Outcomes (small steps)** | **What will need to happen?****Include quantity and frequency** | **Who** | **Timescales** | **Review of progress towards outcomes** |
| *I will be able to...* | *What will happen, when and how often?* | *Who will do this?* | *When will this start?* | *You will know I have made progress because....* |
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|  | **Signature** | **Print name** | **Date** | **Contact details:****address/phone number/email** |
| **Young person** |  |  |  |  |
| **Practitioner(s) involved** |  |  |  |  |
| **Parents/carers (if appropriate)** |  |  |  |  |

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| **People with whom SAP has been shared** |
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