**Appendix Three**

Examples of Paper work which could be used to evidence the graduated approach at SEN Support

1. Early Years SEN Support: Target Sheet
2. Intervention Monitoring Sheet – 1
3. Intervention Monitoring Sheet - 2
4. SEN Support Termly Review Meeting

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| **Early Years SEN Support: Target Sheet** |
| Name of Child:  | DoB:  | Plan Number: | Date started:  |
| Setting: | SEN Support Plan Co-ordinator: |
| Outcomes identified with parents:  |
| Current SMART target:Expected progress of the child in relation to agreed outcome(s) | How: Details of the interventions/ support and how this will be implemented. This should take account of the child’s views/preferences. | Who / When: | Date of Review: Consider the effectiveness of the intervention and the child’s response to it:  |
|  |  |  | Achieved / Partly Achieved /Not AchievedComment: |
|  |  |  | Achieved / Partly Achieved /Not AchievedComment: |
|  |  |  | Achieved / Partly Achieved /Not AchievedComment: |

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| **Intervention Monitoring** |
| **Intervention:**  | **Frequency:**  | **Duration:**  |
| **Start date:** | **Finish date:**  |
|  |
| **Pupil Name(s):**  | **Teaching Assistant:**  |
| **DoB:**  | **Year group:**  | **Class Teacher:** **Class:**  |
| **Summary of Intervention** |
| **Entry:**  | Assessment Measure  |  | Audit Continuum Band | Thread  | **Additional Activities:** |
|  |
| **Target** | Assessment Measure |  | Audit Continuum Band | Thread  |
|  |
| **Exit:**  | Assessment Measure |  | Audit Continuum Band | Thread  |

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| **Weekly**  |
| **Date** | **M** | **T** | **W** | **Th** | **F** | **Comments** |
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| **Target review**. | **Did it work?** | **What next?** |
| **Reviewed by:**  | **Date:**  |

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| **Intervention Monitoring** |
| **Name of Intervention** |  |
| **Lead Person** |  | **Supported By** |  |
| **Length of Intervention** |  | **Frequency** |  |
| **Location** |  | **Intervention Rationale** |  |
| **Expected Outcome** |  | **Parents Informed**  |  |
| **Summary of Intervention** | **Assessment Methods** | **Review** |
|  |  |  |
| **Pupils Name** | **Yr** | **Start of Intervention** | **Baseline Competency(ies)** | **Target Competency(ies)** | **Actual Competency(ies)****End of Intervention** | **Evaluation, Progress and further action** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**“SEN Support” Termly Review Meeting**

PLEASE ENSURE ALL SECTIONS ARE COMPLETED BEFORE GIVING A COPY TO THE SENCO

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| **Pupil Name:** | **Dob:**  | \*School logo goes here |
| **Ethnicity:** | **PPG:** Y / N | **LAC:** Y / N |
| **Class:**  | **Class Teacher:** |
| **Review Date:**  | **Attendance so far this academic year: %** |
| * **Box with Pupil details (top of the page), Pupil Voice & Teacher Columns** to be completed BEFORE the review meeting.
* Class Teacher & SENCo to have a copy of this form after the review meeting.
* One copy to be kept in **class SEND file**, after a copy has been scanned to the **Inclusion Leader SEN file**.
* Please give reminders before the meeting to Parent/Carers of the review date & time.
* See SENCo BEFORE meeting if you need help completing e.g. progress box

**Evidence to bring to review :** Updated L&L toolkit, books (e.g. English/Writing, Maths, Topic), Latest phonic assessments (HFW & Phonics) and any other relevant documentation. |

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| **All Participants** |
| **Name** | **Role/Service/Agency** | **Supporting Documents** | **Attending Meeting?**  |
|  | Class Teacher | Evidence brought to review | Yes / No  |
|  | Parent/Carer  |  | Yes / No  |
|  |  |  | Yes / No  |
|  |  |  | Yes / No |

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| **Bands of progress made on Toolkits since last review: Aut A Aut B Spr A Spr B Sum A Sum B** |
|  | **Speaking & Listening** | **Reading** | **Writing** | **Maths** |
| See notes boxes at the bottom of toolkit documents for support with accurately completing. | Group discussion & interaction | Grammar & Sentence Building | Listening & Understanding | Verbal Storytelling & Narrative | Vocabulary | Clarity of Speech | Reading Fluency | Phonic Skills | Attitude Towards Reading | Understanding | Spelling | Composition | Punctuation & Grammar | Handwriting | Number & Place Value | Addition | Subtraction |
| 1 band’s progress made in every thread? or X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Highest Band secure for **ALL** threads |  |  |  |  |  |  |
| How many bands progress from online tracker? |  |  |  |  |  |  |

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| **Progress made in the assess, plan, do review cycle and any additional comments** |
| **General comments regarding pupil’s progress:****What are you pleased about?** | **What work are you proud of? What do you think you’re getting better at?** |
| Teacher: | Parent/Carer: | Pupil: |
| **Who is important to you? / who do you like spending time with?** |
| Pupil: |
| **Comments regarding provision for pupil:****What strategies / interventions have you tried?** | **What things help you learn at school?**(e.g. things in the class, what the teacher does) |
| Teacher: | Parent/Carer: | Pupil: |
| **What would you like to do more of at school?** |
| Pupil: |
| **What have you learnt about how \_\_\_\_ is learning / progressing?** | **What do you enjoy at school?** |
| Teacher: | Parent/Carer: | Pupil: |
| **What do you like doing at home?** |
| Pupil: |
| **What are you concerned about?** | **Is there anything you’re finding hard or want more help with?** |
| Teacher: | Parent/Carer: | Pupil: |

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| **Comments & Decision of Review: Do Next?**  |
| **Class Teacher Actions:** |
| **SENCo ACTIONS:** (including if any outside agencies need to be involved/change in graduated response) |
| **Review recorded by:** Class Teacher  |