My SEND Personal Learning Plan

Learning plan number:	1

Name:		Year:		Barrier to learning:		EHCP/SEN Support:		Date:	

Strengths	**Challenges** *(What is the barrier to their learning/outcomes?)*
•	

Outcome *(What is the expected impact?)*	**Target** *(linked with current challenges)*	**Adjustment in classroom** (*strategies to be used/adjustments/approaches/ resources/ support/interventions)*	**Who is going to help me and when?**	**Impact** *(What is the actual impact?- To be completed before the next meeting)*

Parent Voice	
Pupil Voice	

Specific review date (dd/mm/yyyy):

This My SEND Personal Learning Plan format has been designed especially for the child. The idea is that the child's teacher will spend some time discussing and writing the content in partnership with the child. This will help the child to feel more involved in their education and therefore more motivated to reach the targets they have helped to set for themselves. This will be used alongside their Whole Class Provision Maps.

Name: Class: Date:	Class teacher: Parent: