Earliest Support Plan

A concise record of what matters, what needs to change, who will do what and how progress will be reviewed.



1a. About me, my family and this plan

Child/young person:	Preferred name:	Date of birth:	Plan date:
Tabatha Jackson	Tabby	25.11.2020	09.09.2026
Setting or community base:	**Year group/age stage:**	**Lead practitioner:**	**Review date:**
Albemarle School		Jo Callis (SENCO)	
Plan status: enter an X into the relevant box	**Family consent agreement:** enter an X into the relevant box	**Key contact:**	**Frequency of review:**
[x] New [ ] Review [ ] Continuing [ ] Closing	[x] Agreed [ ] Restrictions noted - see information sharing box on page 2	01242 121212 / jo.callis@albemarle.school.org	Termly

Current Health, SEN and Education areas of need

List SEN category, primary area of need where identified, child receiving SEN Support (K) or has an EHCP. Any known health conditions including physical and mental and emotional health.

1b. Who do you live with and who looks after you?

Name:	Relationship:	Contact details:
Hannah & Toby Jackson	Mum & Dad	

2a. Other Important people; this could be friends, family, or other people who would support you

Please answer all the following question entering an X into the relevant box.

Name:	Relationship/role:	How do they support your family?	Contact details:	Contributes to plan?
				[ ] Yes [ ] No [ ] Not Sure
				[ ] Yes [ ] No [ ] Not Sure
				[ ] Yes [ ] No [ ] Not Sure

2b. Professionals supporting the child, young person and family

Please answer all the following question entering an X into the relevant box.

Name:	Relationship/role:	Agency or setting:	Contact details:	Contributes to plan?
Jo Callis	SENCO	Albemarle School		[x] Yes [ ] No [ ] Not Sure
Lisa Winter	Teacher	Albemarle School		[x] Yes [ ] No [ ] Not Sure
				[ ] Yes [ ] No [ ] Not Sure
				[ ] Yes [ ] No [ ] Not Sure

Assessment

Prompt: use plain, caring, family-friendly language. Capture what people have said, not professional assumptions.



3. What we know and what matters

About me

What am I good at, what do people like about me?

Tabby says she really enjoys playtime and likes her class teacher, She wants to be better at writing and wants to write stories.
Tabby is enjoying school and is feeling happier about class room activities. Tabby says she can be quite shy but likes to be asked to play.

What help would I like?

What I want to be different and what would help me?

Tabby is a little behind in age related expectations for writing which is the reason for the plan.

Family voice

What the family wants to change and what feels helpful?

It is difficult to get Tabby to practice her writing at home; she struggles to concentrate

What has already been tried?

Support, adjustments, other plans and assessments in progress, informal help and impact so far.

Standard teaching approaches in the class room has had limited improvement

How will this plan improve our family's life?

Describe clear changes in everyday life.

Tabby would be happier at school and everyone would be less worried.

Information sharing notes

Consent, restrictions, privacy notice or minimum information sharing.

4. What is the child's story and why are we writing a plan?

Briefly describe what has led to this plan, using the child, young person's and family's own words wherever possible. Include strengths, what has changed, what people are worried about, significant events, what support has already been tried and why a coordinated plan is needed now. Include detail on Education, Child or Family Health needs, Relationships, Family and Community Factors. Note how these factors affect everyday life, learning, relationships or participation.

Tabby has struggled with writing since she joined Albemarle School; she is much more confident using a tablet and her fine motor skills need to be developed.
She is a year behind in Age Related Expectations for literacy / writing and we are concerned the gap will widen. We don't see any progress made over the last year despite quality first teaching and have started a plan.

Plan

Record the priority needs, outcomes and actions. Keep the plan focused on the few things that matter most.



5. What our family needs, what we will do and who will do it

What you need?	What will happen to help our family?	What we will do, who will do it and by when?	Review outcome Please answer all the following question entering an **X** into the relevant box.
I need help with my handwriting. I need some help to develop fine motor control and consistent letter formation.	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**. By Jan 2027 Tabby will be at Age Related Expectations	What will happen: Who will do it: By when: Daily short, focused handwriting practice (little and often). Teacher / TA. & Parents (15 minutes at home)	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved
As above	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**. As above	What will happen: Who will do it: By when: Continue precision teaching for commonly confused letters (e.g. a/d). Teacher / TA Encourage slow, controlled writing rather than speed. TA	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved
As above	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**. As above	What will happen: Who will do it: By when: Use verbal prompts (“start on the line”, “keep on the line”). TA Adult modelling starting points and direction of letter formation. Teacher / TA	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved
	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**.	What will happen: Who will do it: By when:	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved

Review, next steps and decision

Use this page to agree whether the plan continues, changes, ends or needs additional support.



6. Review record		
Date and contributors Who contributed to this review?	**Child/young person update** What has changed from their perspective?	**Family update** What has changed from the family perspective?
Practitioner update What have practitioners noticed?	**What helped?** Actions, relationships, support or adjustments that made a difference.	**What got in the way?** Barriers, gaps, changes or things that did not happen?

7. Decision following review		
Decision enter an **X** into the relevant box.	☐ Outcomes met, plan can end ☐ Support continues, outcomes/actions updated	☐ Additional multi-agency support or assessment needed ☐ Immediate safeguarding advice/action required
Decision rationale		
Immediate actions		
Owner and deadline	Owner/agency:	Deadline:

8. Good Practice checklist for next steps	
Who has contributed to the review?	List who has been involved in the review, including both practitioner and family members:
Who else needs to be involved?	For example; Family Help, ATS, SALT, EP, School Nursing, Physical Health services, Mental Health services, Other relevant health pathways etc.
Next review date:	
Final check: has the plan captured needs, strengths, outcomes, actions, accountability, family voice and review outcomes?	