**Insert school logo here**

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| **STUDENT SUPPORT FILE** |
| **Name of Student** |  |
| **Date of Birth** |  |
| **School** |  |
| **Date File Opened** |  |
| **Date File Closed** |  |

**A Continuum of Support**

**

*Developing a student support plan is the outcome of a problem solving process, involving school staff, parent(s)/ guardian(s) and the student. We start by identifying concerns, we gather information, we put together a plan and we review it.*

**Student Support File, Log of Actions**

Date Actions

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| **Support Checklist** |
|  **Name:**  | **Age:**  | **Class:** |
| **General Information** | **Date Checked**  | **Comments** |
| 1. Parents/ Guardians Consulted
 |  |  |
| 1. Information from previous school/preschool gathered
 |  |  |
| 1. Hearing
 |  |  |
| 1. Vision
 |  |  |
| 1. Medical Needs
 |  |  |
| 1. Basic Needs Checklist completed
 |  |  |
| 1. Assessment of learning- screening
 |  |  |
| 1. Observation of learning style/approach to learning
 |  |  |
| 1. Observation of behaviour
 |  |  |
| 1. Interview with pupil
 |  |  |
| 1. Classroom work differentiated?
 |  |  |
| 1. Learning environment adapted?
 |  |  |
| 1. Yard/school environments adapted?
 |  |  |
| 1. Informal or formal consultation/advice with outside professionals?
 |  |  |
| 1. Advice given by learning support/resource teacher or other school staff?
 |  |  |
| 1. Other interventions put in place in school?
 |  |  |
| **Action needed** |  |  |
| *Helpful references: SEN: A Continuum of Support: Resource Pack for Teachers, pp. 13-16, 18 to 20; BESD: A Continuum of Support, p 7; A Continuum of Support for Post-Primary Schools, Resource Pack for Teachers, pp32-36; Student Support Teams in Post-Primary Schools, pp20* |

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| **SUPPORT PLAN\*** *Classroom Support  School Support (Support for Some)  School Support Plus (Support for A Few)* |

**To be completed by the teacher(s).**
For help, see *SEN: A Continuum of Support - Guidelines for Teachers: BESD: A Continuum of Support – Guidelines for Teachers* pp.71-74*; A Continuum of Support for Post-Primary Schools, Resource Pack for Teachers,* pp. 51, 53, 54, 57*.*

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name |  | Age |  |
| Lead teacher |  | Class/year |  |
| Start date of plan  |  |  |  |
| Review date of plan |  |  |  |
| Student’s strengths and interests |
| Priority concerns |
| Possible reasons for concerns  |
| Targets for the student |
| Strategies to help the student achieve the targets  |
| Staff involved and resources needed |
| Signature of parent(s)/ guardian(s) |  |
| Signature of teacher |  |

\*A consultation with a NEPS psychologist/ other professionals may contribute to this plan.

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| **SUPPORT REVIEW RECORD\***   *Classroom Support School Support (Support for Some)  School Support Plus (Support for A Few)* |

**To be completed by the teacher(s) as a review of the plan and as a guide for future actions.**For help, see *SEN: A Continuum of Support - Guidelines for Teachers; BESD: A Continuum of Support – Guidelines for Teachers; A Continuum of Support for Post-Primary Schools, Resource pack for Teachers; Student Support Teams in Post-Primary Schools.*

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| --- | --- | --- |
| Student’s name | Class/ Year |  |
| Names of those present at review  | Date of Review |
| What areas of the plan have been most successful and why? |
| Since the start of the plan, has anything changed in relation to the original concerns? If so, what are these changes, and what have we learned from them? |
| Have the student’s needs changed since the start of the plan, and if so how? |
| Recommended future actions – *what, how, who, when?* |
| Any comments from the student? |
| Any comments from the parent(s)/guardian(s comment? |
| Signature of parent(s)/ guardian(s) |  |
| Signature of teacher(s) |  |

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| **Outcome of review (tick as appropriate)** |
|  | Revert to previous level of support- Support for All/ Classroom Support OR Support for Some/ School Support |  | Progress to next level of support- Support for Some/ School Support OR Support for a Few/ School Support Plus |
|  | Continue at Current Level of Support |  | Request consultation with other professionals  |

\*A consultation with a NEPS psychologist/ other professionals may contribute to this review.