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| **PUPIL SUPPORT FILE**  **School Support Plus** | |
| **Name of Pupil** |  |
| **Date of Birth** |  |
| **School** |  |
| **Date File Opened** |  |
| **Date File Closed** |  |

**A Continuum of Support**

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

**Pupil Support File, Log of Actions / Meetings**

**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; Pupil Support Teams in Post-Primary Schools, pp20* | | |

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| **Basic Needs Checklist** | |
| **Physiological needs** e.g. does the child have adequate food, warmth, housing etc? |  |
| **Safety needs** e.g. does the child need physical or psychological protection? |  |
| **Belonging needs** e.g. does the pupil have close family and friends, feel part of his / her class. |  |
| **Esteem needs:** e.g. does the child receive respect, positive feedback from others and respect others and self? |  |
| **Possible actions suggested to the teacher on the basis of the questions above:** | |

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| **Assessment Record** | | |
| **Junior Infants** | **Senior Infants** | **First Class** |
| **PSAK Initial Assessment**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PSAK Initial Assessment**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PSAK Initial Assessment**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PSAK Level 1 Assessment**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PSAK Level 1 Assessment**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PSAK Level 1 Assessment**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Letter Sounds**  **\_\_\_\_\_\_ / 26** | **DTEN**  **Pre-Number \_\_\_\_\_\_%** | **Micra T**  **STEN \_\_\_\_\_\_\_\_\_\_**  **%ile \_\_\_\_\_\_\_\_\_\_\_** |
| **Letter Formation**  **\_\_\_\_\_\_ / 26** | **DTEN**  **Numeration \_\_\_\_\_\_%** | **Sigma T**  **STEN \_\_\_\_\_\_\_\_\_\_**  **% ile \_\_\_\_\_\_\_\_\_\_\_** |
| **BIC Language Skills**  **\_\_\_\_\_\_ / 20** | **DTEN**  **Addition & Subtraction**  **\_\_\_\_\_\_%** | **BAS**  **Reading Age**  **\_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_M** |
| **BIC Memory Skills**  **\_\_\_\_\_\_ / 12** | **DTEN - Total (Cut-Off 17)**  **\_\_\_\_\_\_\_** |  |
| **BIC Number Skills**  **\_\_\_\_\_\_ / 9** | **MIST - Listening Skills**  **\_\_\_\_\_\_\_\_ / 15** |  |
| **BIC Motor Skills**  **\_\_\_\_\_\_ / 11** | **MIST - Letter Sounds**  **\_\_\_\_\_\_\_\_ / 26** |  |
| **BIC Total**  **\_\_\_\_\_\_ / 60** | **MIST - Written Vocabulary**  **\_\_\_\_\_\_\_\_** |  |
|  | **MIST - 3 Phoneme Words**  **\_\_\_\_\_\_\_\_ / 15** |  |
|  | **MIST - Dictation**  **\_\_\_\_\_\_\_\_ / 36** |  |
|  | **BAS - Reading Age**  **\_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_M** |  |

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| **Outside Professionals/Agencies** | | | |
| **Agency (SLT, OT etc)** | **Name of Professional** | **Date of Report** | **Diagnosis** |
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| **sUPPORT PLAN** *Classroom Support   School Support (Support for Some)   School Support Plus (Support for A Few)* |

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| **Pupil’s Name:** |  | | | **Age in Sept:** |  |
| **Teachers:** | **Class Teacher:**  **LSRT(s):** | | | **Class/Year:** |  |
| **Start Date of Plan:** |  | | **Review Date of Plan:** |  | |
| **Pupil’s Strengths and Interests:** | | | | | |
| **Agreed Priority Concerns:**  **1.**  **2.**  **3.**  **4.** | | | | | |
| Priority Concerns and were agreed between Parents and Teachers, taking cognisance of assessment results, the child’s strengths and challenges, recommendations from outside agencies (if any) | | | | | |
| **Targets for the Pupil:**  Parents, class teachers and support teachers have agreed to work on the following targets, based on the priority concerns. Parents and class teachers have been given a copy of the agreed priority concerns and targets.  **1.**  **2.**  **3.**  **4.** | | | | | |
| **Strategies to help the pupil achieve the targets** – Detailed in Class Teacher and LSRT Plans | | | | | |
| **Others Involved:** | | | | | |
| Signature of Parent(s)/ Guardian(s): | |  | | | |
| Signature of Teacher: | |  | | | |

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

**To be completed as a review of the plan and as a guide for future actions  
 Refer to the ASSESSMENT TABLE for Assessment Results**

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| **Pupil’s Name:** | | | | | **Class/ Year:** |  |
| **Names of those present at review:** | | | | | **Date of Review:** | |
| **Child’s progress to date in relation to targets:** | | | | | | |
| **Have the pupil’s needs changed since the start of the plan, and if so how?** | | | | | | |
| **Feedback from Parents:** | | | | | | |
| **Feedback from Class Teachers:** | | | | | | |
| **Signature of Parent(s)/ Guardian(s):** | |  | | | | |
| **Signature of Teacher(s):** | |  | | | | |
| **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 | | |