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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**

**

*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  |