

Child centred plan

Name: _____

Age: _____

My likes

What's important to me

My dislikes

My favourite things/
activities

My family

What I am good at

What I need help with
and how best to support
me

What I am interested in

Targets

Completed by: _____

Date: _____

Reviewed: _____

Medical condition/Main area of SEND

Name:

Age:

Main area of SEND:

How to support me:

My medical condition:

What you may observe:

Completed by: _____ Date: _____
Reviewed: _____