

INCLUSION SUPPORT PROGRAMME

NAME	DOB	SCHOOL	CLASS/TEACHER
START DATE OF ISP	SEN SUPPORT/ CiC/EHCP	CO-ORDINATED BY	

PUPIL PROFILE	
WHAT IS GOING WELL?	WHAT IS NOT GOING WELL

SCHOOL SUPPORT AND STRATEGIES	SUPPORT FROM OUTSIDE AGENCIES
Signed.....	Signed.....

PUPIL VIEWS & COMMITMENT	PARENTAL VIEWS & COMMITMENT
Signed.....	igned.....

My Pastoral Support Plan **Name:** _____

How will adults know that I'm calm, relaxed and ready to learn?	How will adults know that I'm on the edge/ becoming anxious?	How will adults know that I'm ready to explode?	How will adults know that I'm returning to my calm feeling?
○	○ ○	○	○
What could be the triggers/ causes to these feelings/behaviours	What could be the triggers/ causes to these feelings/behaviours	What could be the triggers/ causes to these feelings/behaviours	What could be the triggers/ causes to these feelings/behaviours
○	○	○	○
What will the adults do to support me when I feel like this?	What will the adults do to support me when I feel like this?	What will the adults do to support me when I feel like this?	What will the adults do to support me when I feel like this?
○	○	○	○
What are the consequences of this?	What are the consequences of this?	What are the consequences of this?	What are the consequences of this?
○	○	○	○

ISP Agreed Weekly Plan	How will the pupil know that they are 'on track'? (Ongoing recognition of weekly success)
Set Review Dates and Time Limits	

Review 1 – Date/...../.....	
Evaluation of Progress	Actions
Attendees	

Review 2 – Date/...../.....	
Evaluation of Progress	Actions
Attendees	