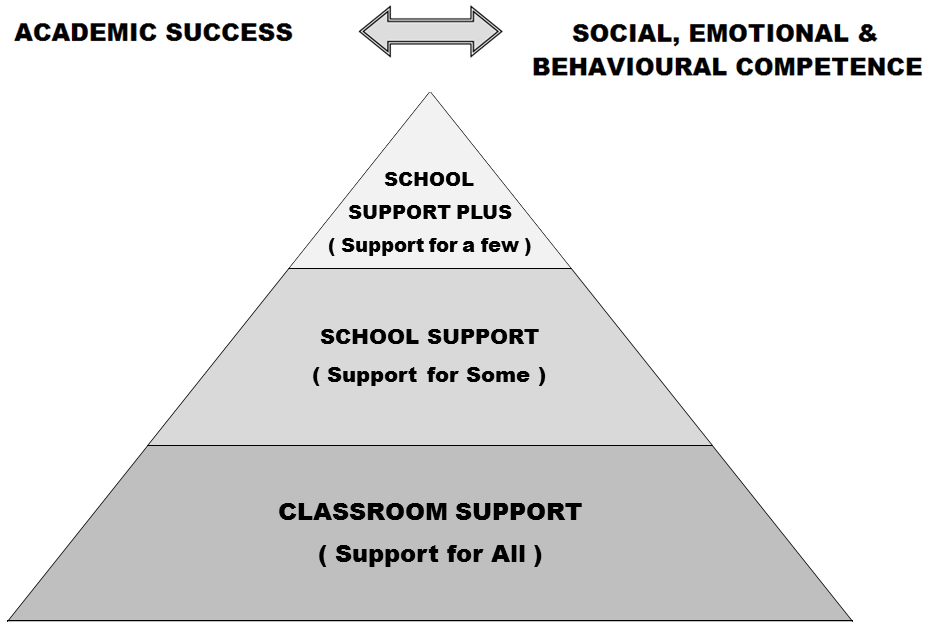
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| **PUPIL SUPPORT FILE**  **Class Support** | |
| **Name of Pupil:** |  |
| **Date of Birth:** |  |
| **School:** |  |
| **Date File Opened:** |  |
| **Date File Closed:** |  |

**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:** | |

**CLASSROOM SUPPORT PLAN**

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| **Pupil’s Name:** |  | | | **Age in Sept:** | |  |
| **Teacher:** |  | | | **Class/Year:** | |  |
| **Start Date of Plan:** |  | | **Review Date of Plan:** |  | | |
| **Pupil’s strengths and interests** | | | | | | |
| **Agreed Priority Concerns:**  **1.**  **2.**  **3.**  **4.** | | | | | | |
| Priority Concerns were agreed between Parents and Teacher, taking cognisance of assessment results, the child’s strengths and challenges, recommendations from outside agencies (if any) | | | | | | |
| **Targets for the Pupil:**  Parents and class teacher 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 Plans | | | | | | |
| **Others involved:** | | | | | | |
| Signature of Parent(s)/ Guardian(s): | |  | | | | |
| Signature of Teacher: | |  | | | | |
| **Classroom Support Review Record:** | | | | | **Date:** | |
|  | | | | | | |