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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:** |
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