

Appendix 3

INCLUSIVE SCHOOL PROVISION PLAN (ISPP)

Child's Name		Date of Birth	
School/Setting			
SENCo			

Summary of special educational needs

OUTCOMES				
<ul style="list-style-type: none"> Please add as many outcomes as required. Please provide costed information as costed provision map (ISF Excel CPM template available) 				
What are the expected outcomes that <u>xxx</u> will achieve over the next 12 months?	Details of provision/ Intervention to meet outcome	Grouping (Ratio)	Session	
			Duration	Frequency
1.				
2.				
3.				

4.				
Summarise how the additional provision will enable the child/young person towards greater independence.				

Parent / Carer's view
Pupil's views

Staff member responsible for completing the plan		
Name:	Designation:	Date: