**Appendix 3**

**INCLUSIVE SCHOOL PROVISION PLAN (ISPP)**

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| **Child’s Name** |  | Date of Birth |  |
| School/Setting |  |
| SENCo |  |

|  |
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| **Summary of special educational needs** |
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| **OUTCOMES** * 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 xxx 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. |  |

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| **Parent / Carer’s view** |
|  |
| **Pupil’s views** |
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| **Staff member responsible for completing the plan** |
| Name: | Designation: | Date: |