**Appendix 3**

**INCLUSIVE SCHOOL PROVISION PLAN (ISPP)**

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

|  |
| --- |
| **Summary of special educational needs** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |  | | | |

|  |
| --- |
| **Parent / Carer’s view** |
|  |
| **Pupil’s views** |
|  |

|  |  |  |
| --- | --- | --- |
| **Staff member responsible for completing the plan** | | |
| Name: | Designation: | Date: |