**Federation of Liphook Infant School and Liphook C of E Junior School**

Photo of child

**Individual Support Plan**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | **D.O.B.:** | | | | | | **Class:** | | | **Date of plan:** | | | | | **PP/LAC: Y/N** | | **EHCP: Y/N** | | |
| **Staff team around the child**: | | | | | | | | | | | | | | | | | | | |
| **Professionals supporting current/past (please colour):** | | | | | | | | | | | | | | | | | | | |
| **CAMHS** |  | | **SaLT** | | | | |  | | | | **STAS HI/VI/PD** | | | | | |  | |
| **EP** |  | | **School Nurse** | | | | |  | | | | **OT / Physio** | | | | | |  | |
| **PBS** |  | | **Paediatrician** | | | | |  | | | | **Other medical teams** | | | | | |  | |
| **Is a risk assessment in place to support the child:** Y / N | | | | | | | | | | | | | | | | | | | |
| **Any relevant medical information**: | | | | | | | | | | | | | | | | | | | |
| **How is the child calmed / soothed if they become emotionally heightened at home:** | | | | | | | | | | | | | | | | | | | |
| **Usual presentation in school**: (mood, energy levels, engagement in learning, attitude towards adults and peers, etc) | | | | | | | | | | | | | | | | | | | |
| **Identified triggers**: (examples of situations where escalations have happened in the past e.g. transition times, break time, making mistakes, etc) | | | | | | | | | | | | | | | | | | | |
| **What is the child likely to do in these situations? Highlight / indicate below what might happen:** | | | | | | | | | | | | | | | | | | | |
| **Disrupt learning** | **Damage property** | | | | | **Shout / make noises** | | | | | **Abscond from class/school** | | | | | **School avoidance** | | | |
| **Physical response to peers (please state type of response):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Physical response to adults (please state type of response):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Prevention - Describe any specific changes to routines which might reduce the risk of this happening e.g. adults, peers, environment:** | | | | | | | | | | | | | | | | | | | |
| **Primary strategies to support the child (please tick √):** | | | | | | | | | | | | | | | | | | | |
| **Meet and greet** | |  | | | **Reward systems** | | | | | | |  | | **Safe space** | | | |  | |
| **Breakfast/snack** | |  | | | **Movement / rest breaks** | | | | | | |  | | **Work station** | | | |  | |
| **Visual timetable** | |  | | | **Talkabout programme** | | | | | | |  | | **Standing desk** | | | |  | |
| **Time with a familiar adult** | |  | | | **Sensory circuits** | | | | | | |  | | **Zones of regulation** | | | |  | |
| **Weighted blanket (large)** | |  | | | **Weighted lap blanket** | | | | | | |  | | **Sensory resources box** | | | |  | |
| **Time/space to calm down** | |  | | | **Reassurance** | | | | | | |  | | **Other:** | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **Secondary strategies to support the child (please tick whether these should be tried or avoided with the child √):** | | | | | | | | | | | | | | | | | | | |
|  | | **T**  Try | | **A**  Avoid |  | | | | | | | **T**  Try | **A**  Avoid |  | | | | **T**  Try | **A**  Avoid |
| **Wondering out loud** | |  | |  | **Reminders of consequences** | | | | | | |  |  | **Further sensory activities** | | | |  |  |
| **Verbal advice and support** | |  | |  | **Negotiations** | | | | | | |  |  | **Discreet monitoring** | | | |  |  |
| **Emotion coaching strategy** | |  | |  | **Firm clear directions + visuals** | | | | | | |  |  | **Positive touch** | | | |  |  |
| **Success reminders** | |  | |  | **Closed choices** | | | | | | |  |  | **Distraction / diversion** | | | |  |  |
| **Food / drink** | |  | |  | **Change of environment** | | | | | | |  |  | **Time out with an adult** | | | |  |  |
| **Humour** | |  | |  | **Time in with an adult (TLC)** | | | | | | |  |  | **Venting physical frustrations** | | | |  |  |
| **Change of adult** | |  | |  | **Other:** | | | | | | |  |  | **Other:** | | | |  |  |
| **Diversion and distraction strategies: Describe interests, words, objects, etc. which may divert attention from an escalation:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Tertiary strategies to support the child (please tick whether these should be tried or avoided with the child √):** | | | | | | | | | | | | | | | | | | | |
|  | | **T**  Try | | **A**  Avoid |  | | | | | | | **T**  Try | **A**  Avoid |  | | | | **T**  Try | **A**  Avoid |
| **Walk and talk** | |  | |  | **Hug (both arms)** | | | | | | |  |  | **Side hug (one arm)** | | | |  |  |
| **Time with executive head** | |  | |  | **Time with Head of School** | | | | | | |  |  | **Time with SEN Team** | | | |  |  |
| **Describe any strategies that have worked in the past or should be avoided:**  *Things that help:*  *Things that should be avoided if possible*: | | | | | | | | | | | | | | | | | | | |
| **Class teacher signed:** | | | | | | | | **Date:** | | | | | | | | | | | |
| **Parent signed:** | | | | | | | | **Date:** | | | | | | | | | | | |