**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:** |