|  |  |
| --- | --- |
| **My Wellbeing and Support Plan**   | **Plan no**. |
| **Name** | **Date** |
| **What is working well in school?** *(likes / strengths)* | **What is working less well in school?** *(dislikes / worries…)*  |
| **Key Adult/s I can speak to in school are:**  | **What else helps me to manage at school?** *(eg. breaks, ‘safe space’, my ‘Cool Bag’ activities etc.)* |
| **A ‘safe space’ I can go to in school is:**  | **Other places I feel safe and supported are:**  |
| **When I start to feel upset / worry, I notice these things about myself:** **When this happens, to help me feel better, I can:** **Adults can also help me by:**  |

**My weekly timetable** *(Identify short term changes to times / days / locations, as appropriate)*

Until\_\_\_\_\_\_\_\_\_, my return to school plan includes the following changes to my school day / timetable:

*Create a personalised timetable with pupil, including daily times, sessions, breaks and locations - attach to Wellbeing and Support Plan.*

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| **My Weekly Review: skills development**  |
| **Name** | **Date**  |
| **My SMART goals** | **What I will need to do** (to meet my goal) http://tbn3.google.com/images?q=tbn:GZzTY2VSnlgw9M:http://images.clipartof.com/small/10870-Blue-Man-Aiming-A-Bow-And-Arrow-At-A-Target-During-Archery-Practice-Clipart-Illustration.jpg | **http://www.myschoolclipart.com/images/illustrations/thumbnail/154_female_teacher_helping_an_art_student_paint_the_sun.jpgWho will help me and when?** | **How did I get on?** image5631 |
| 1. |  |  |  |
| 2. |  |  |  |
| **Weekly review** (agree date) | **Date:**  |
| **What has gone well this week? What am I most proud of?**  | **What have other people noticed has gone well this week?** (elicit from Key Adults / peers etc) |
| **Note any worries / challenges from this week:** | **How could we address these?** |
| **What can I work on next week?** *(discuss options for successive, small step changes – to start on Tuesday; alternatively, a consolidation week may be required)***New goals / changes to learning plan to be agreed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_** (first day of week, ready to begin on second day in school) |

***Signed***

 Pupil: Key Worker:

School Lead/ SENCo: **Date**:

**Copies:** Parents, School (Class Teacher / Head of Year / Key Worker), File