



SEN Individual Provision Map (IPM)

Name:	Class:	Area(s) of Need:	Plan Number:
Date of Birth:	Year Group:		Plan Date:
			Review Date:
Strengths: <ul style="list-style-type: none">•••	Challenges/Barriers to Learning/Outcomes Sought <ul style="list-style-type: none">••		
Targets - linked to challenges/needs/outcomes sought			
1.			
2.			
3.			
Provision (State how the target will be implemented; strategies to be used/adjustments/approaches/ resources/support/ interventions/when/how often/ who will deliver etc.	Expected Impact		
1.			
2.			
3.			

REVIEW

Review of Targets

	Pre-assessment (Where CYP was at start of plan)	Post assessment (where s/he is now)	Impact/Actual Outcome	Comments
1				
2				
3				

Child/Young Person's Views

Parents' Views

My Child has SEND and this school gives them the support they need to succeed. (Please circle)

Strongly Disagree

Disagree

Agree

Strongly Agree

Parental Signature: