



Surrey Pathway Plan template

To be used in conjunction with the Pathway plan: Guidance for Education settings



SECTION 1: Surrey Pathway Plan for: [NAME]

One page profile template

PHOTO (Optional)

What people like about me and what I like about myself

What is important to me

How best to support me

Date:

SECTION 2 - [Name]'s Pathway Plan

[NAME, D.O.B]

	Date
Original Pathway Plan:	
Amendment 1:	
Amendment 2:	
Amendment 3:	

Contents	Pages
Section 1 One page profile	
Section 2 Pathway Plan	
Section 3 [Name]'s story	
Section 4 [Name]'s special educational needs and other needs	
Section 5 Pathway Plan	
Section 6 Progress data	
Section 7 Resources	
Section 8 Log of external practitioners involvement	

Who else has been included in writing this plan?

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Further details

Family name:		First name:	
Known as:			
Date of birth:		Gender:	
NHS/NI/ICS/other registration numbers:			
Parent/carer names:			
Who has parental responsibility:			
LAC status:			
Siblings:			
Contact address for child or young person:			
Contact addresses for parent/carers:			
Telephone:		Mobile:	
Email:			
Pathway plan coordinator name:		Role:	
Type and name of education setting:			
Year group:		Placed out of year?:	
Ethnicity:		First language:	
Language used at home:		Religion:	
Main communication method:			
Language interpretation support needed:			
GP name and contact details:			
Current consultants details:			
Other practitioners who are/have been involved (name, email, telephone):			
Times that are difficult for me or family to attend appointments:			
Barriers that might make it more difficult for me or family to attend appointments:			
Other relevant plans:			
Other useful information:			

SECTION 3 – [Name]’s story

Pathway Plan of [NAME] [DATE] [VERSION (v of V)]

[Name]'s story – play, health, schooling, independence, friends and relationships, further education, future plans etc

[Name]'s family's story

More information on how to support [Name] and [his/her] family

[Name]'s aspirations

[Name]'s family's aspirations for [him/her]

How [Name] and [his/her] family have taken part in this plan

SECTION 4 - [Name]'s special educational needs and other needs

Summary of key strengths and areas of need

More detailed information:

Cognition and learning

Strengths and skills:

Areas of difficulty and needs:

Communication and Interaction:

Strengths and skills:

Areas of difficulty and needs:

Social, mental and emotional health

Strengths and skills:

Areas of difficulty and needs:

Sensory and physical

Strengths and skills:

Areas of difficulty and needs:

Summary of other needs

Prompt questions:

1. Are there any concerns outside of school which impact on your child's learning and well-being and/or make it more difficult for you to help your child e.g. housing, finance, family support networks.
2. Is there anything else you feel it is important for us to know about your child's learning and behaviour at home?
3. Is there any support you feel would help you as a parent/carer in supporting your child/family?

Early Help Assessment considered but not necessary Date of decision _____

Early Help Assessment completed Date of completion _____

NB. If the child or young person is 18 or over these questions should be directed to the young person rather than the parent/carer unless the parent/carer advocacy for the young person or the young person has requested input from the parent/carer.

SECTION 5 – Pathway Plan start date: _____

Pupil name: _____

Plan number: _____

PERSON CENTRED OUTCOME

Target (include success criteria)	What is getting in the way?	SMART actions	Review date	Progress review

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SECTION 6 – Progress data

Data attached

- Progress tracker (to include EYFS/National Curriculum levels)
- Standardised assessments
- Other, please specify.....

SECTION 7 - Resources

	Date	Attached (YES/NO)
Costed provision map 1		
Costed provision map 2		

OR

	Date	Attached (YES/NO)
Schedule 2 IPA		

OR

	Date of receipt	Costed provision map attached (YES/NO)
Early Years Inclusion Grant		
Discretionary funding		

SECTION 8 - Log of external practitioners involvement

Team/service and name	Date of involvement	Report in supporting information B (Yes/no)

SECTION 9 - Supporting information