





BY Brook Valley My Support Plan Autumn 2023-2024



Name:		DOB:		Primary need:		Start date: September 2023	
Things I am good at				Things I want to be better at:			
Parents views- positives:				Parent views- areas to improve:			
Target What Outcomes do we want?				What are my identified needs?		What will help me get there? 	
				What: People: Frequency: Duration:-		Evaluation Jan 2024	
				What: People: Frequency: Duration:-			
				What: People: Frequency: Duration:-			
My role as a parent will be: Parent/Carer _____				My role as the class teacher will be: To ensure that these targets are prioritised and given the appropriate time and resource. Signed Teacher _____			
Most recent assessment data				IDL assessments		YARK Reading Assessment	
Reading	Writing	Maths	Reading	Spelling	Accuracy	Rate	Comprehension
			-	-			



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