

SUPPORT PLAN



Student's Name:		DOB:	
School if relevant:			
Referring Person:			
Is the child under care of a guardian?	Yes/No	Does the child have an EHCP? If yes please attach a copy. Yes/No	
Name of parent/ carer	Parent/carers contact number	Parent/carers email address	

Length of Support Plan:		Ideal Implementation Date:	
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1. Reason for request for service:

2) Current levels of attainment in school or homeschool :
3) Is the student displaying anxiety?
4) Does the student exhibit any form of aggression? If yes please give details:
5) Current behaviour you would like taken into account:
6) Does the student have any physical or medical disabilities that may make care farming a difficult activity for them? (Bearing in mind sessions are mostly outdoors and will contain some strenuous activities)
7) Do you agree to the students photograph being used on our website, social media and other publications valid to our Care Farm? Yes/No
8) How will the sessions be funded? Please tick the appropriate option: Parent/guardian funded { } School funded { } Council funded (if so is this pre approved? { } Charity funded (if so is this pre-approved? { } Other (please state) _____

Desired Outcomes:	Actions to support Outcomes
a) EXAMPLES To promote self esteem & confidence To promote constructive and positive relations between student and adults	Staff to deliver a range of activities that are both educationally and therapeutically based Through use of appropriate role modelling and interaction between student and staff.

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