FASD SCHOOL SUPPORT TOOLKIT

Support-Plan Review Form

Use at each review. Hear from the pupil and family first.

FASD Compass
fasdcompass.co.uk/school-support-toolkit/

Review details

Pupil (initials): _____ **Date:** _____ **Review number:** ____ **People present (roles):** _____

The pupil's views

What is going well? What is hard? What helps?

The family's views

Including what they see at home

Progress against each target or outcome

1.

☐ Working well ☐ Partly working ☐ Not working yet

2.

☐ Working well ☐ Partly working ☐ Not working yet

3.

☐ Working well ☐ Partly working ☐ Not working yet

Support that is working

Support that is not working, or not happening

Changes since the last review

Such as health, home, class or staff

Is more advice needed?

- ☐ No, continue the current plan
- ☐ Educational psychologist
- ☐ Speech and language therapy
- ☐ Occupational therapy
- ☐ Health advice, through the family, GP or school nurse
- ☐ Statutory assessment or plan, such as an EHC plan, IDP or CSP

Agreed actions

Action	Who (role)	By when

Next review date: _____