

## SEN Pupil Profile



Name:		
Date:		Date for Review:
	Year Group: Diagnosis/Need	ls:
	My strengths a	nd interests:
	Things that I f	ind difficult:
What I would like staff to know:		
Targets:		
Strategies to help me overcome my barriers to learning:		
Parents' comments:		
Signed:		
SENCO:		Class Teacher:
Parent:		Pupil: