SCHOOL NAME

Class Profile of Need			
Class Name:	**Year Group:**	**Date:**	**Teaching Team:**
Key: SEND	**PP**	EAL	**MONITORING/C4C**
Name	**Student characteristics E.g SEN with support, EHCP and define area of need. LAC/EAL/G&T/Medical/health/**	**Description of need E.g ASD/dyslexia etc**	**Strategies**