|  |  |  |  |
| --- | --- | --- | --- |
| NAME: | |  | Photo:  *(Secondary use only)* |
| DOB: | Yr. Group: |  |
| FORM GROUP:  *(Secondary School use only)* | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No SEN** | **SEN Support** | | **EHCP** | **Pupil Premium** | | **LAC/CHiC** | | **HNF in place** |
| **NEEDS** | | | | | | | | |
| **Cognition & Learning** | **Communication & Interaction** | | **Social, Emotional & Mental Health** | **Physical & Sensory** | | **Medical Condition** | | **Vulnerable** |
| **EXTERNAL AGENCY INVOLVMENT** | | | | | | | | |
| Community Paediatric Service | | Speech & Language | | | STLS | | Social Services | |
| School Nursing | | Early Help | | | CAMHS/NELFT | | Virtual School Kent | |
| Information, Support Service Kent | | Visual Impairment Service | | | Hearing Impaired Service | | Education Welfare Service | |
| Children’s Disability Service | | PRU, Inclusion & Attendance | | | Kent Health Needs | | Occupational Therapy | |
| Physiotherapy | | Educational Psychology | | | Other: | | | |

|  |  |
| --- | --- |
| I would like you to know…  *(Provide concise details of student’s needs, their difficulties and how they may present in class. If there’s a medical need, do they require a medical care plan?)*  I have difficulties with…  You may observe: | It would help if you would…  *(Detail what Quality First Strategies need to be put in place and resources provided to support the student’s needs)* |
| My strengths: | I will help myself by:  *(Detail what the student should be doing to support their needs)* |
| Additional Support/Intervention:  *(Detail intervention that’s additional to QFT i.e. Social group 1 x per week, physio x 5 per week or intervention delivered via HNF support)* | Exam Arrangements:  *(Details as to whether the student requires additional time, a reader or scribe etc.)* |
| **Current Outcomes/Targets:** | |
| 1. | |
| 2. | |
| 3. | |