|  |  |  |
| --- | --- | --- |
| 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. |