

**A: Personal Information**

|  |  |
| --- | --- |
| **Name:** |  |
| **D.O.B:** |  |
| **Home language:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Primary area of need:** |  |
| **Other identified needs:**  **(choose all that apply\*)** | Communication and Interaction  Cognition and Learning  Social, Emotional Mental health  Physical and/or Sensory  Autistic Spectrum Conditions |
| **Social Care needs:**  **(choose all that apply\*)** | Child in Need  Child Protection  Child in Care  Other |

**Details of setting:**

(Please go to the following section if the child/young person does not attend an educational setting)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nursery/school/college:** |  | | | **Funded placement** (Y/N) | |  |
| **Address:** |  | | | | | |
| **My Key stage/year group:** |  | **Attendance** (present & unauthorised) | | |  | |
| **Main contact:** |  | | | | | |
| **Email:** |  | | **Telephone number:** | |  | |
| **Plan start date:** |  | | | | | |
| **Plan review dates & by who:** |  |  | | |  | |

**B: One Page Profile**

Photo (optional)

**Name of Child/young person:**

|  |
| --- |
| **What is important to me** |
|  |
| **What is important for me** |
|  |

|  |
| --- |
| **How I like to communicate & be involved in making decisions** |
|  |

|  |  |
| --- | --- |
| **Likes** | **Dislikes** |
|  |  |

|  |  |
| --- | --- |
| **My strengths, talents & interests** | **What I need support with** |
|  |  |

|  |
| --- |
| **You may need to know**...  *(medication, allergies, languages spoken, religion etc)* |
|  |

|  |
| --- |
| **What people like and admire about me** |
|  |

|  |
| --- |
| **My aspirations** |
|  |

**C: Professionals involved in my life**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Role** | **Contact details**  *(including email addresses)* | **Report included**  (date) | **Length and frequency of involvement** | **Currently involved or end date** |
| **Paediatrician** |  |  |  |  |
| **Therapist: SALT** |  |  |  |  |
| **Therapist: OT** |  |  |  |  |
| **Therapist: Physio** |  |  |  |  |
| **Social Worker** |  |  |  |  |
| **Educational Psychologist** |  |  |  |  |
| **Other** |  |  |  |  |

**D: Background Information** *(Completed with/by parents prior to TAC/TAYP meeting)*

|  |  |
| --- | --- |
| **What has happened in the last 12 months?** |  |
| **What is working well for the child/young person and their family** |  |
| **Child/young person and families' priorities:**  (This forms the agenda for the TAC/TAYP meeting) |  |

**E: Early Years Assessment Grid** *(to be completed for pre-school children)*

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Development | Indicate: (E) Emerging (D) Developing (S) Secure | | |
| Baseline Date | Review Date | Review Date |
|  |  |  |
| Chronological Age at the time of the assessment (in months) |  |  |  |
| Communication and language (mandatory) | | | |
| Listening and attention |  |  |  |
| Understanding |  |  |  |
| Speaking |  |  |  |
| Physical development (mandatory) | | | |
| Moving and handling |  |  |  |
| Health and self-care |  |  |  |
| Personal, social and emotional development (mandatory) | | | |
| Self-confidence and self-awareness |  |  |  |
| Managing feelings and behaviour |  |  |  |
| Making relationships |  |  |  |
| Literacy | | | |
| Reading |  |  |  |
| Writing |  |  |  |
| Mathematics | | | |
| Numbers |  |  |  |
| Shape, space and measures |  |  |  |
| Understanding the world |  |  |  |
| People and communities | | | |
| The world |  |  |  |
| Technology |  |  |  |
| Expressive arts and design | | | |
| Exploring and using media and materials |  |  |  |
| Being imaginative |  |  |  |

**F: Strengths and Special Educational Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assess** | **Area of Need** | **Strengths:** | **Special Educational Needs**  **(in priority order):** |
| **Communication and Interaction** |  |  |
| **Cognition and Learning** |  |  |
| **Social, Emotional and Mental Health** |  |  |
| **Sensory and/or Physical** |  |  |

**G: Outcomes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan & Do** | **Agreed Outcome** | | **Steps we need to take in order to achieve the outcome?** | **By**  **When?** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**Family Outcomes**

(If you are not a SEND Key Worker go to the following section)

|  |  |  |
| --- | --- | --- |
|  | **Strengths and/or identified areas of support** | **Recommendations**  *(if applicable)* |
| **Parents and carers** |  |  |
| **Family & environmental factors** |  |  |
| **Other** |  |  |

**H: Outcome Review**

|  |  |  |
| --- | --- | --- |
| **Review** | Outcome 1: | Score: (0-2) |
| Review: |  |
| Next steps: | |
| New Outcome: | |
| Outcome 2: | Score: (0-2) |
| Review: |  |
| Next steps: | |
| New Outcome: | |
| Outcome 3: | Score: (0-2) |
| Review: |  |
| Next steps: | |
| New Outcome: | |
| Outcome 4: | Score: (0-2) |
| Review: |  |
| Next steps: | |
| New Outcome: | |

**I: Provision Map** (replace with your settings own version if already completed/add additional rows to this template if required)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quality First Teaching strategies used:**  **Visual timetable, visual prompts, reward system, task board, peer mentoring, writing frames, word banks, feelings wall** | | | | | | | | | | | |
| **Outcome** | **Intervention** | | **Staff/**  **pupil ratio** | **Staff & cost per hour** | **Weekly duration** | | **Weekly Cost** | **Annual**  **Cost** | **Desired**  **Impact** | | **Outcome met?**  **A/P/U** |
| **1** |  | |  |  |  | |  |  |  | |  | |
| **2** |  | |  |  |  | |  |  |  | |  | |
| **3** |  | |  |  |  | |  |  |  | |  | |
| **4** |  | |  |  |  | |  |  |  | |  | |
| **5** |  | |  |  |  | |  |  |  | |  | |
| **6** |  | |  |  |  | |  |  |  | |  | |
| **Total school resource used:**  (must be over £6K) | |  | | | | **Total:**  (provision cost - school resource) | | | |  | | |

**J: Consent and Data Protection Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child /Young Person’s full name: | | | | | |
| DOB: | Date: | School/Setting/Venue: | | | |
| Parent/Child’s Consent for Information Storage and Information Sharing:  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the personal data recorded on this form being collected, processed and stored for the purpose of providing services to: | | | | | |
| Tick appropriate box: | | | | | |
| Child or young person for whom I am a parent |  | Child or young person for whom I am a carer |  | Me |  |
| I consent to the sharing of information between professional services that will directly support my child/me. I agree that information can be shared between these agencies for the purpose of carrying out an assessment or ongoing progress monitoring. | | | | | |
| Signature: | | | | | |
| The London Borough of Hillingdon, in its capacity of Data Controller, holds certain information about you and/or a child or young person (“personal data”) mentioned in this form which it needs to process for the purpose of providing the service of arranging and administering the assessment and Special Educational Needs Support Plan. We collect and process your personal data to allow us to provide this service. By ticking the box or boxes above, you are consenting that we can collect and process your personal data and the personal data of a child or young person mentioned in this form for the purposes set out. You have the right to withdraw your consent at any time by contacting: [sasinclusion@hillingdon.gov.uk](mailto:sasinclusion@hillingdon.gov.uk)  For further information including details about our retention policy please refer to the London Borough of Hillingdon - Data Protection Privacy Notice which can be found on [www.hillingdon.gov.uk/privacy](http://www.hillingdon.gov.uk/privacy) | | | | | |