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| **Childs name:**  | **DOB:**  | **Academic year:** |
| **Nursery/school name:** | **SENCO name:** |
| **Nursery/school address:** | **Child’s teacher/keyworker name:** |
| **Nursery/school phone:** | **Postcode:** | **Child’s class and year group:** |

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| **Educational needs** | **Attendance** | **Additional supporting documentation** |
| Is this child considered to have educational needs? **Yes □ No □***If yes, please denote***Early Years/School Action □ EY/School Action Plus □** **High needs Funding □ EHPC □** | **Good □ Satisfactory □ Poor □***Additional Comments:* | *Please forward the following upon return of this report, thank you.*1. A copy of the child’s most recent school report/SEN support plan
2. A copy of the CAF / TAF *(if applicable)*
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| **Childs attainment levels**  |
| **Subject** | **Key stage**  | **Childs attainment level/grade** | **Teacher assessment** |  | **Verbal** | **Non-verbal** | **Quantitative** |
| English: Reading |  |  |  | **NFER tests** |  |  |  |
| English: Writing |  |  |  | **CATs score** |  |  |  |
| English: Comprehension |  |  |  | **YELLIS** |  |  |  |
| Maths: Problem solving |  |  |  | **Others** |  |  |  |
| Maths: Numeracy |  |  |  |  |  |  |  |
| Science  |  |  |  |  |  |  |  |
| **Please provide broader detail of the child’s academic functioning and ability to access the curriculum, including:** * Strengths and weakness
* Independent working, turn taking skills
* Ability/willingness to comply with adult requests
 |
| 1. **General development**
 | **Comments** *(please provide detail and/or examples for all questions)* |
| 1. Please provide information on child’s hearing, vision and general development, such as self-help skills, etc.
 |  |
| 1. **Social interaction**
 | **Comments** *(please provide detail and/or examples for all questions)* |
| 1. Is the child able to initiate contact with peers/adults?
 |  |
| 1. How does the child greet and say goodbye to people?
 |  |
| 1. Is the child able to make and keep friends?
 |  |
| 1. Is the child able to show empathy towards others?
 |  |
| 1. Does the child portray good self-esteem?
 |  |
| 1. How does the child cope in group situations?
 |  |
| 1. Does the child participate and enjoy team games?
 |  |
| 1. Is the child aware of others and the need to take turns?
 |  |
| 1. Is the child able to receive and accept criticism or praise from others?
 |  |
| 1. How does the child seek or offer comfort when upset or when others are upset?
 |  |
| 1. Can he/she recognise when someone is upset//pleased/disappointed/scared etc., and to what extent?
 |  |
| 1. **Communication and understanding**
 | **Comments (please provide detail and/or examples for all questions)** |
| 1. How does the child communicate and for what purpose(s)? Does this differ in group and individual settings? If yes, please give detail.
 |  |
| 1. Does the child listen well and show that they have paid attention to the speaker?
 |  |
| 1. How does the child respond to verbal instructions or questions? Does he/she interpret language literally?
 |  |
| 1. Is the child able to use a wide-range of vocabulary to describe an event coherently?
 |  |
| 1. How does the child respond to and use non-verbal cues, such as smiles, facial expressions and gestures.
 |  |
| 1. Does the child look at other people’s faces when communicating, such as making eye contact. If his/her use of eye contact is limited or unusual please give more detail.
 |  |
| 1. **Behaviour**
 | *Comments (please provide detail and/or examples for all questions)* |
| 1. Does the child have a positive attitude towards nursery/school life and the curriculum?
 |  |
| 1. Does the child exhibit any overactive or fidgety behaviour?
 |  |
| 1. Does the child behave appropriately and show self-control in difficult situations?
 |  |
| 1. Does the child appear to have reduced concentration/attention span?
 |  |
| 1. Does the child respond well when given responsibilities?
 |  |
| 1. Does the child exhibit any unusual behaviour or mannerisms, such as rocking, hand flapping?
 |  |
| 1. How does the child cope with changes of staff/activities?
 |  |
| 1. Does the child display any unusual responses to sight, touch, hearing, smell and taste?
 |  |
| 1. Are there any concerns regarding the child’s movement, co-ordination and dexterity?
 |  |
| 1. Does the child have any strong interests/obsessions and do they impact on classwork ,conversations or interactions with others?
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| **Current support**  | *Comments (please provide detail and/or examples for all questions)* |
| 1. Is the child receiving any form of support within nursery/school?
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| *If yes, please provide specific details.* |
| 1. Which interventions, if any, have proven successful for the child?
 |  |
| 1. Which interventions, if any, have not lasted or not proven to be beneficial for the child?
 |  |
| 1. Is the child (and his/her family) receiving any other support, such as Early Help, CAMHS?

 *If yes, please provide specific details.* |  |

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| **Additional Comments** |
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**Please continue on a separate sheet if necessary**

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| **Completed by** |
| **Print name:** | **Signed:** | **Date:** |
| **Position:** | **Contact details:** |