

**EDUCATION INFORMATION FORM**

Child’s Name:

Child’s DOB:

Form completed by:

|  |  |  |  |
| --- | --- | --- | --- |
| **What worries do you have about the Y/P:** | **Y** | **N** | **Detail: Please add additional info about worry e.g., description, timeframe** |
| Attendance |  |  |  |
| Learning and achievement  |  |  |  |
| Concentration |  |  |  |
| Behaviour |  |  |  |
| Sensory concerns |  |  |  |
| Social interaction & communication |  |  |  |
| Emotional well-being  |  |  |  |
| Low mood & anxiety  |  |  |  |
| SALT |  |  |  |

|  |
| --- |
| **SEND Provision** |
| Is child on SEN register? Yes/NoIf **Yes** please indicate level: |
| Initial Concerns |  |  |
| Pupil Passport |  |
| Pupil Profile |  |
| SEN Plan |  |
| EHCP |  |
| What interventions have been put in place:Have any of the following been completed? |
| Differentiated QFT strategies |  |  |
| APDR cycles |  |
| NIES involvement (LINT / HINT) |  |
| Education Psychology |  |
| **If so, are any reports / recommendations, please attach.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Emotional & Mental health (SEMH):** | **Y** | **N** | **Detail: Please additional info about the worry e.g., description, timeframe** |
| Anxiety  |  |  |  |
| Eating issues |  |  |  |
| Bullying |  |  |  |
| Anger / aggression |  |  |  |
| Self-harming / suicidal idealisation |  |  |  |
| **If Y Please can you provide information regarding supportive strategies currently in place:** |
|  | **Y** |  |
| Check ins |  |  |
| Risk Assessment / Triggers Points |  |
| SPOC (Teaching / Pastoral), Timeout cards |  |
| Movement breaks, School Counsellor |  |
| Thrive |  |
| Mindfulness |  |
| Emotional support / coaching |  |
| Resilience / independence programs |  |
| Bullying policy followed |  |
| Any other comments or information: |
| *Please note: if the information Early Help First Contact gathers suggests that a referral to CYPs Neurodevelopmental pathways is the most appropriate route we will come back to you and request you also complete the* ***Teacher Referral Questionnaire*** *and will request the parent/carers complete the* ***Parent/Carer Questionnaire*** *as referrals will not be accepted to CYPs without these.* |