Advice and Information

for Statutory Needs Assessment

From Specialist Teacher for Sensory Impairment

(Teacher with Mandatory Qualification for HI, VI or MSI)

For

(INSERT CHILD/YOUNG PERSON’S NAME)

Appendix 3

This form is to be completed and returned to the SEN area office.

Please note that all the information on this form will be copied to parents (for under 16’s), the young person and all agencies directly involved in the education of the child or young person.

|  |
| --- |
| 1. Child/Young Person’s personal details
 |
| Full Name: |  |
| DOB: |  | Current Year Group: |  |
| CiC: | Yes/No |
| EAL: | Yes/No | Is a translator required? | Yes/No |
| NHS Number: |  |
| Address: |  |
| Tel No: |  | Email: |  |
| Parent/carer name: *(lead parent for contact)* |  | Address: *(if different from above)*Tel No: *(if different from above)* |
| Details of any parental requirements to support engagement or communication: | e.g. accessibility, intervener, interpreter |
| Indicate if information sharing restrictions are in place and if yes, please state what these are: | Yes/No |
| Are any of the parents/carers serving members of the armed forces? | Yes/No |

|  |
| --- |
| 1. Sensory Impairment

Please record information from your specialist service. |
| Details of Needs: |
| Strengths: |
| Difficulties: |

|  |
| --- |
| 1. Suggested Outcomes and Provision

See Appendix 2 for suggested educational OutcomesPlease record your recommendations for specialist outcomes, strategies and interventions relating to sensory impairment.  |

|  |
| --- |
| Physical and/or Sensory difficulties – *e.g. motor skills, coordination, hearing or visual difficulties, daily living skills and self-help.* |
| Relating to Sensory Impairment – Access to the Curriculum |
| Outcome: |
| Provision:Resources: Strategies: |
| Intervention: Specify what direct/Indirect support from Specialist is needed | Frequency/duration: Specify when and for how long. Indicate if a reduction is needed during the year | Who to deliver: Specify intention to link to other practitioner support ie integrated support or class teacher/joint assessment |
|  |  |  |
| Physical and/or Sensory difficulties – *e.g. motor skills, coordination, hearing or visual difficulties, daily living skills and self-help.* |
| Relating to Sensory Impairment - Communication and Access to Information |
| Outcome: |
| Provision:Resources: Strategies: |
| Intervention: Specify what direct/Indirect support from Specialist is needed | Frequency/duration: Specify when and for how long. Indicate if a reduction is needed during the year | Who to deliver: Specify intention to link to other practitioner support ie integrated support or class teacher/joint assessment |
|  |  |  |
| Physical and/or Sensory difficulties – *e.g. motor skills, coordination, hearing or visual difficulties, daily living skills and self-help.* |
| Relating to Sensory Impairment - Independence and Self esteem |
| Outcome: |
| Provision:Resources: Strategies: |
| Intervention: Specify what direct/Indirect support from Specialist is needed | Frequency/duration: Specify when and for how long. Indicate if a reduction is needed during the year | Who to deliver: Specify intention to link to other practitioner support ie integrated support or class teacher/joint assessment |
|  |  |  |

|  |
| --- |
| 4.Other information |
| Please provide any additional relevant evidence or advice: |
|  |

|  |
| --- |
| 5.Contact(s) completing this report |
| Name(s) (in caps):  |  |
| Designation/Job title: |  |
| Phone No: |  | Email: |  |
| Work Address including postcode: |  |
| Relevant Qualification:  |   |
| Date professional involvement began: |  |
| Level of involvement: | The level of involvement may vary with the development of independence / independent study skills. |
| Signature: |  | Date: |

|  |
| --- |
| Please return completed Appendix together with all supporting reports to: |
| Via email (preferred) | sendassessmentteam@kent.gov.uk  |
| Via post: | Kroner House, The Eurogate Business Centre, Ashford, Kent TN24 8XU |