To be completed by Key Person/Senco following discussion with the child’s parents to help you gather detailed information about the child. This information will be used to help inform the Early Years SEND Officer record of involvement.

|  |  |  |
| --- | --- | --- |
| Name of Child: | Date of Birth: | Date of school entry: |
| Name of Setting: | Completed by: | Date completed: |
| Parent/carer agrees to share this document with Early Years SEND Officer. | Parent signature: | Date: |

Thinking about your child, please tell us:

|  |  |  |
| --- | --- | --- |
| **Which professionals are involved with your child?** *(Include name, service, date of last appointment/if awaiting first appointment etc.)* |  | |
| **Who lives with you?** (*parents/brothers/sisters/grandparents/pets etc.)* |  | |
| **What language(s) do you speak at home?** |  | |
| **Is there any family history of Special Educational Needs and Disabilities?** |  | |
| **Anything notable about pregnancy/birth?** *(premature, time in SCBU etc)* |  | |
| **Tell us about when they achieved their milestones?** *(crawling/walking/first words)* |  | |
| **Does your child have any health needs?** *(eg. has a diagnosis/takes medication/uses specialist equipment? If so, please indicate date and name of diagnosis and list any medication prescribed)* | |  |
| **What are your child’s strengths and interests?** (*What do they play with at home, what are they good at, where do they like to go?)* | |  |
| **What does your child need help with?** *(Do you have any concerns/worries about your child?)* | |  |
| **How does your child communicate with you and others?** *(eg. hand leading/pointing/screaming/verbally/Makaton).* | |  |
| **How does your child follow the daily routine?**  *(eg. do they join in with mealtimes/eat well/sleep well/attending other groups/going in the car etc.)* |  | |
| **Does your child have any significant routines or rituals?** *(eg. repetitive play, lining up toys, upset if you change the route to nursery, bathroom routine has to be a set way etc.)* |  | |
| **Do you feel your child has any sensory needs?** *(eg. oversensitive to noise/busy environments/tastes/textures/likes to run up and down/climbs everything/jumps up and down lots etc. under sensitive – unaware of pain, seeks out sensory input, movement, mouthing objects)* |  | |
| **What does your child use as a comforter?** *(eg. blanket/dummy/special toy/adult etc.)* |  | |
| **What are your hopes and aspirations for your child?** *(eg. moving to preschool/school (include preferred school place), building friendships, language development etc.)* |  | |
| **Anything else you want to tell us about your child?** |  | |

Please copy this document to share with your Early Years SEND Officer.