

**Additional Information for SEND Students**

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| Student Name |
| School/Organisation |
| Date of Visit |
| Details of additional needs, please be as detailed as you can. |
| Relevant details of any **physical difficulties**; |
| Relevant details of any **learning, emotional or sensory difficulties**; |
| Any **visual or hearing impairment**? Yes/No (if yes please give detail) |
| **Communication;** What method does your child use to communicate? |
| Verbal | Eye Gaze | Look and point | Tablet | Other |
| Please give details; |
| Please indicate the most appropriate description regarding walking ability and wheelchair use |
| Walk independently | Walk with assistance | Walks with aid |  |
| Occasional wheelchair use | Wheelchair user can transfer unaided | Wheelchair user needs help to transfer | Wheelchair user cannot transfer |
| If the participant is a wheelchair user please indicate appropriate weight for moving and handling purposesUnder 50kg(8st) 50-85kg (8-14st) Over 85kg (14+st) |
| If the participant is a full time wheelchair user do they use a hoist to transfer? Yes/No |
| Additional Information |
| Does the participant have any phobias or obsessions? Yes/No (if yes please give details) |
| Needs assistance with toileting and personal hygiene? Yes/No (if yes please give details) |
| Food |
| Does the participant have any food issues? Yes/No (if yes please give details) |
| Does the participant have a PEG? Or eat Orally? |
| Describe the texture of food the participant eats. Circle all that apply |
| Liquidized | Puree | Soft Mash | Lumpy Mash | Cut up | Regular |
| Any other information you feel would help your child enjoy their stay with us? |
| Signed | Date |
| Parent/Gaudian name (printed) |
| Contact Number |