

**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 purposes  Under 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 | | | | | | | | | | | | |