## Child’s details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Date of Birth |  | Expected school start date |  |
| Address |  | | | Post code |  |
| Ethnicity |  | Religion |  | Home language |  |
| Inclusion Funding awarded? | Yes No | Funding Band |  | Date Awarded |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent / Carer details (with parental responsibility) | | Cared for by the LA |  |
| Name |  | Relationship to the child |  |
| Address (if different from above) |  | Postcode |  |
| Telephone numbers |  | Email address |  |
| Name |  | Relationship to the child |  |
| Address |  | Post code |  |
| Telephone number |  | E-mail address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Educational setting details | | | |
| Name |  | Address |  |
| Contact person / position |  |
| Telephone number |  | Email Address |  |

|  |  |
| --- | --- |
| Details of child’s GP | |
| Name |  |
| Address |  |

**Professionals who support me**

**Contact details for involved professionals**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Contact Details**  **(Email address and/or Telephone Number)** |
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| --- | --- | --- | --- |
|  | **Yes/No** | **Date initiated** | **Date completed**  **(or state ‘ongoing’)** |
| Early Help Plan |  |  |  |
| Child in Need |  |  |  |
| Child Protection |  |  |  |
| Personal Education Plan (Cared for Child) |  |  |  |
| Health Care Plan |  |  |  |
| Risk Assessment |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Related plans or assessments** *(add to list as needed)*

|  |
| --- |
| **Summary of Special Educational Needs**  An overview of needs and the diagnoses |
|  |