## Child’s details

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| --- | --- | --- | --- | --- | --- |
| 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  |  |

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

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| 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)*

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