# **FORM 4e.**

# **STRENGTHS AND NEEDS.**

**4e. SENSORY/PHYSICAL.**

**To be completed if pupil has sensory/physical difficulties. Please refer to Guidance Note 2 in the Guidance and Criteria for Requests for Education Health & Care Needs Assessments before completing this section.**

**Pupil Name: DOB: UPN:**

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| Description of Strengths and Needs for Sensory and Physical | Provision*Provision/intervention in place with timescale (if on-going please note this and ensure this is evidenced on the provision map)* | Baseline/Progress*Tests/observations undertaken to allow assessment of impact of provision.* | Impact*Description of the impact of the intervention referenced against the baseline/progress information.* |
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