|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Pupil:** |  | **Date:** |  |
| **Class/Year Group:** |  | **Class Teacher:** |  |
| **Length of time at school:** |  | **Attendance:** |  |

Tick all concerns that apply:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health** |  | **EAL** |  | **Other – please specify** |
| **PP?** |  | **Academic** |  |  |
| **Social** |  | **SEMH** |  |
| **Communication** |  | **Physical/Sensory** |  |

|  |
| --- |
| **Pupil’s strengths:** |

**Assess:** *Concerns -When did you first have concerns, any initial assessments done?*

*Please use* **High-Quality Teaching guidelines**

|  |  |
| --- | --- |
| What are the pupil’s needs/barriers to learning? | |
| Communication and interaction |  |
| Cognition and learning |  |
| Social, Emotional and Mental Health |  |
| Physical and Sensory |  |

|  |
| --- |
| **Parent/carer view if informed:** |

|  |
| --- |
| **Relevant assessment info and specific current attainment (ARE/Below/Working towards):** |

|  |
| --- |
| **Other adults/agencies involved (e.g. behaviour lead, safeguarding lead, social care etc.):** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do:** High-quality teaching on a classroom level - how have you adapted teaching to meet the pupil’s needs?  e.g. Now/next/then, brain break, visual timetable, safe space etc. | | **Review:** What was the impact of these adaptions? | |
| *Action Taken* | *Date* | *Outcome/Impact* | *Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*For SENCO use only:*

|  |
| --- |
| ***Plan****: Further actions (to be completed by the SENCO and Class Teacher).*  *Do we need to make any referrals? What outcomes do we want to achieve?* |

**Impact/Actions and Date**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Do*** |  | ***Review*** |  |
| *Action Taken* | *Date* | *Outcome/Impact* | *Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**I hope you liked this free resource!**

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**Lynn How**

MA NASENCO NPQH

**Educational Consultant**

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**Or just PM me ☺**