


Identification of Special Educational Needs and parent/carer's consent

 <small>Where learning's an adventure</small>	Pupil's name :		Dob :
	Year / class :		Male / female
Teacher :		Date :	
Reasons for concern : (communication, learning, social & emotional, behavioural, physical, strengths & difficulties)			
Assessment data : (Teacher assessments, Salford reading test, phonics, sight words, SATs)			EAL? How long in UK?
Strategies used :	Outcome of strategies used	Agreed action : On SEN register at SEN support List priority needs as MLD, SCLN, PHYS/MED, BESD Monitor progress Assessment in home language Refer for assessment & advice	
Information from discussion with parents : (health concerns, hearing, vision, how child is at home, views of strengths & difficulties, home language)			Parent/carer's permission : Name : _____ Signed : _____ Date : _____



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 Short Term Plan: **Name**

Prime Area of the EYFS	What name can do now (assessment – strengths and difficulties)	What we would like _____ to be able to do in seven weeks time (goals)	How we can help _____ achieve this (actions)	Review: How did _____ do?	What are the next steps?
Personal, social and emotional development (choose one aspect)					
Physical development (choose one aspect)					
Communication and language development (choose one aspect)					
Maths (choose one aspect)					

Attending the meeting:	Date of meeting:
	Date of review:

Pupil Passport for _____

What's important to me


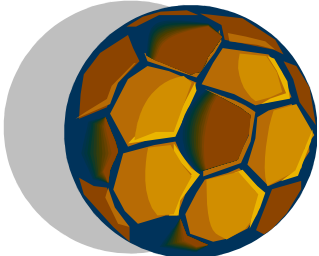


What people like and admire about me...

Likes and dislikes...

How best to support me...

I communicate by...

Date: _____'s Pupil Passport

My goals for the year	My goals for this term	How you can help me achieve this	How did I do?
			

Actions

WHAT	WHEN	WHO

Date for review: