**School Report template for up-to-date information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |

|  |
| --- |
| Communication Skills |
|  |
| Social Interaction and Managing Relationships |
|  |
| Attention and Concentration |
|  |
| Restricted or Repetitive Motor Mannerisms / Unusual Interests or Routines |
|  |
| Behaviour |
|  |
| Sensory sensitivities |
|  |
| Mental Health and Emotional Wellbeing |
|  |
| General Health |
|  |

**SUPPORT AND STRATEGIES**

|  |
| --- |
| Please list what support and strategies are currently being implemented at school. |
|  |

**ACADEMIC ATTAINMENT**

|  |  |
| --- | --- |
| **Is this young person’s academic attainment in line with their peers:**  | Yes / No |
| If no please quantify the gap using school measures, including current level. **Please provide a key/brief description of school measures used**, including expected levels for the young person’s year group. |
|  | Current | Expected |
| Maths |  |  |
| English |  |  |
| Science |  |  |
| Reading |  |  |
| Writing |  |  |
| **Is this young person’s academic attainment in line with their ability:**  | Yes / No |
| If no what do you see to be the barriers |
|  |
| **Is this young person on a reduced timetable:**  | Yes / No |
| If yes please specify: |
|  |
| **Are they spending time outside the classroom on a regular basis:**  | Yes / No |
| If yes please specify: |
|  |
| **Is school attendance a problem:**  | Yes / No |
| If yes please specify: |
|  |
| **Has an EHCP been applied for / in place:** | Yes / No |
| If yes please give details: |
|  |

**Enclosures (if available)**

|  |  |
| --- | --- |
| SEND Report (Specialist Teacher / Educational Psychologist) |  |
| Assess, Plan, Do, Review (APDR) |  |
| Education and Health Care Plan (EHCP) – Final  |  |
| Education and Health Care Plan (EHCP) – Request Form |  |

**Completed By:**

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Tel: |  |
| Email: |  |
| Organisation: |  |
| Date completed: |  |