HOS/Name –

## SENDCo Checklist **(Please use additional pages to expand answers further)**

**Name of SENDCo/other professional: email:**

If available, I am happy to attend the medical appointment by video call / phone/ face to face.

(please circle and tick after consultation with family if you and they would like this)

**What question would teachers like answered from this appointment?**

We would be grateful for your comments in the following areas:

**Strengths:** What is this child good at, that makes their teachers and family proud?

**Academic progress**: are there any specific learning difficulties (please enclose reports e.g. educational psychology)

**Attention**: is this significantly affecting the child’s learning? If so please fill in checklist overleaf.

**Social and communication**: have you noticed any problems? If so please fill in checklist overleaf.

**Anxiety/mood**: have you noticed any problems? If so please fill in checklist overleaf.

**Sleep:** Does the child appear tired, dysregulated or hyperactive? Please refer for sleep support from the school nurse.

**Family:** What support is in place for parents? (e.g. parenting, family support, regular chats with school)

How is attendance?

Does this family feel overloaded, or do you feel they are overloaded? If so what is their story?

**Adverse childhood events**: Are you aware of anything in this child’s life story that may give them a higher baseline level of stress /difficulty building trusting relationships? Is a relational support plan in place?

**Other medical concerns:** e.g. Hearing and vision, birth difficulties, seizures, birthmarks, significant illnesses, losing skills, threadworm, constipation, wetting, tiredness, breathlessness, poor growth, tics?

**Other professionals involved with the family (please list below)**

**Have they been referred to any other services?**

# Concentration difficulties

Please give us some more details if this is a problem:

Are these **pervasive**? (are there days, or particular lessons where the child **is** able to focus and learn? Does it affect everything they do? What is the longest you have noticed them sitting still and concentrating? Are they improving?)

Are these **persistent**? (Has there been a change noticed at any point, or has this been a problem since the child started school? Are these in line with the child’s social and emotional or learning age?)

Is the child **constantly moving around**? (Does this affect their learning?)

How is this child at **controlling their impulses** compared to their peers? (Give examples; can they think before they act? Does this seem to be improving with age?)

Have you used any **strategies** in class? Please tick the ones that seem important for this child and describe e.g. how often do they have movement breaks and what do they do during these, when were they introduced, have they helped?

* Removing distractions (seating, noise, clutter)
* Relationships and self-esteem (addressing friendship problems, building positive teacher relationships, building on strengths, talking through difficult behaviour afterwards, playtime support)
* Engagement with work (level or presentation of work; use of visual aids; mind maps)
* Physical/sensory feedback (Engaging core muscles, proprioceptive feedback e.g. wobble cushion)
* Optimising physical comfort (drinking breaks, low GI snacks, movement breaks, vigorous exercise, toilet pass)
* Incentives (are these effective and immediate, are they used with language to boost the child’s esteem?)

How is the child’s **sleep**?

Please fill in the sheet below, even if social communication is not the main concern.

## **Social communication difficulties**

Please tick aspects of the child’s social communication which are typical. If they are not, give an example.

**Social interaction**

* engages normally with their friends, family and teachers
* seeks out company of others
* enjoys listening to others ideas, notices what others are doing
* shares others’ emotions e.g. will comfort a friend who is upset

Comments

**Social understanding**

* understands rules, teams, taking turns
* understands emotions and body language
* Shows an awareness of danger and consequences
* Shows awareness of personal space and other unwritten social norms

Comments

**Flexibility**

* Copes with change in routine, and transitions
* Uses imagination and creativity in their play
* Is able to adopt other’s ideas into their play/work
* Has a range of interests

Comments

**Communication**

* Uses a range of facial expression that reflects what they are feeling
* Holds a two-way conversation
* Understands jokes and non-literal manners of speech
* Expressive speech and understanding of language is normal for age
* Has a normal level eye contact

Comments

**Sensory**

* Has normal sensitivity to certain smells/textures/sounds
* Is able to stay calm and focussed in a noisy situation or where there is lots going on

Please describe any repetitive or unusual mannerisms.

## Anxiety or mood difficulties (Please fill in only if this is a concern)

Please describe how you think the child normally feels, and how you and parents came to recognise this?

When did the problem start, and was there a trigger? What has been the pattern from then till now?

Are there any ongoing problems at home or at school?

Are there any previous problems at home or at school?

Who does the child talk to about problems at home, and at school?

What words does the child use to describe how they are feeling?

Who is supporting the parents to manage their child’s anxiety or mood difficulties, and how?

How much do the anxiety or mood difficulties interfere with everyday life?

-Please tick if the child is still able to do the following things, and if not, please describe.

* Eat and drink properly
* Sleep properly
* Attend school regularly
* Enjoy being with friends
* Enjoy family relationships
* Enjoy interests / hobbies
* Enjoy learning

Please describe any strategies used at home or at school, when were these started and are these effective?

## Team around the child

Please fill in any contacts with names and contact details if possible.

|  |  |  |
| --- | --- | --- |
| Agencies | Involved? (names and contacts) | Referred and awaiting? |
| Speech / social interaction |  |  |
| Occupational therapy |  |  |
| CAMHS / counselling  |  |  |
| Early help / family support |  |  |
| Other |  |  |

Please tick which of these apply to help us prioritise the appointment:

1. Child in care
2. Child on a child protection plan (date of next meeting: )
3. Previous CP Plan /
4. EHCP
5. EHCP applied for
6. TAF in place (date of next meeting: )
7. Other SEN support
8. No other support

**Thank you for filling in these forms. We appreciate how busy it is for schools at the moment.**

Triage

Joint clinic:

|  |  |  |  |
| --- | --- | --- | --- |
| Detailed parent information  | Connors | CAST | SCQ |
| Lifetime | Difficulty listening | Attachment 6-12 | CAT-Q |

 To give/collect at QB or post:

QB / not QB