

Additional Needs Information



OAKLANDS CATHOLIC SCHOOL
&
SIXTH FORM COLLEGE

We are committed to making sure that Oaklands is a happy and successful experience for all of our children and young people. Where a child has a particular difficulty or need, we will do our best to put measures in place to overcome this. ***Please ensure that you complete and return this proforma, even if your child has no difficulties. Please complete one form for each of your children at this school.***

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils. The back page of this questionnaire provides more information about who this information will be shared with. If you need help to fill in this questionnaire please let us know.

Child's First Name:
Child's Surname/Family Name:
Date of Birth (dd/mm/yy) Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>

<p>1. Please indicate whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please select all that apply.</p> <p><i>By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months. Please exclude difficulties that you would expect for a child of that age</i></p>	
Mobility – moving around indoors or outdoors	<input type="checkbox"/>
Hand movements – touching or holding	<input type="checkbox"/>
Personal care – going to the toilet, dressing	<input type="checkbox"/>
Eating and drinking without help	<input type="checkbox"/>
Incontinence – wetting or dirtying	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>
Communication – speaking with others, or understanding them	<input type="checkbox"/>
Learning – numbers, letters, words	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Behaviour – very active, has a short attention span, behaves unacceptably	<input type="checkbox"/>
Has fits or seizures	<input type="checkbox"/>
Diagnosed with autism or Asperger Syndrome	<input type="checkbox"/>
Has a life-limiting condition or requires palliative care	<input type="checkbox"/>
Can be depressed, or anxious, or has an eating disorder	<input type="checkbox"/>
Other (please describe other areas of great difficulty)	<input type="checkbox"/>
<p>1. Does your child take any medication, use any physical aids or require any special diet or supplements?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

2. If your child did not take this medication, use this physical aid or have a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. Has your child seen a professional, such as a paediatrician or a psychologist or a speech and language therapist because of the difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please provide further details:		
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4. If you have indicated above that your child has difficulties, do these difficulties affect his or her:	Yes	Sometimes	No	Don't know
Classroom learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with his or her classmates/peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joining in other school activities eg breaks, social and leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day to day life outside school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What sort of help or special equipment do you think your child needs so that they get on well at school?
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6. Please use this space to add other comments you wish to make that will help us determine appropriate support?

If you wish to discuss your child's needs in more detail, please speak to our SENCO, Mrs Rowsell, at the induction evening or email direct at t.rowsell@oaklandscatholicschool.org

What Happens To The Information You Give Us?

We really appreciate your help with this questionnaire. The information will be used by the school to improve the way that information on pupils' difficulties and disabilities is collected and used in schools to promote the wellbeing of children. No information will be published that would identify your child. By returning this form you are agreeing that information can be used in this way. Information will be shared with those staff in the school who support your child.

Thank you for completing this form.

School Privacy Notice

Please follow the link <https://www.oaklandscatholicschool.org/about-us/privacy-notice/> or visit our website for more information