##### Initial Entitlement Today’s Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Identification of SEN**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NC Year 5 6 7 8 Form \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_. Form Tutor: \_\_\_\_\_\_\_\_

Please tick the relevant area to identify your concerns re: the above named child

* Medical Problems
* Hearing / Sight Loss
* Attendance
* Interaction with Adults
* Interaction with Peers
* Speech
* Concentration
* Communication skills
* Language / Understanding
* Listening Skills
* Classroom Behaviour
* Playground Behaviour
* Gross Motor Skills (Coordination)
* Fine Motor Skills (Coordination)
* Reading
* Writing
* Handwriting
* Spelling
* Mathematical awareness
* Other

Please list evidence and data to support SEN Identification.

Please specify the Action” to be taken as a result of initial identification:

**Review of IEP Today’s Date: \_\_\_ / \_\_\_ / \_\_\_ .**

 **Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School Action / School Action Plus / Statement

Achievement of targets according to the child:

Achievement of targets according to the Parent:

Achievement of targets according to the school and additional supporting data.

Future Needs Identified:

Signed by those present:

Pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SENCO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Review Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child to receive ”Initial Entitlement”

Child to receive “School Action” to meet their needs

Child to receive “School Action Plus” to meet their needs

Further Application to be made for Educational Assessment

Child already in receipt of Educational Statement