



Key Information Form

To be completed by SENCO

FAMILY NAME:

DOB:

FIRST NAME:

Gender: M F

Home Languages:

In care? Y / N

School/Setting:

Phone No:

Indicate Needs:

- Communication & interaction
- Behaviour emotional & social difficulties
- Cognition & learning
- Sensory and/or physical
- No SEN

NC Year: **UPN:**

Date of entry to current school/setting:

Number of previous schools/settings:

Involvement with Other Agencies

- | | | |
|--|---|--|
| <input type="checkbox"/> Behaviour Support Service | <input type="checkbox"/> Early Intervention Service | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Child & Adolescent Mental Health | <input type="checkbox"/> Ethnic Minority & Traveller Achieve. | <input type="checkbox"/> SEN Specialist Services |
| <input type="checkbox"/> Children & Families Services | <input type="checkbox"/> Hearing Support Service | <input type="checkbox"/> Sp. & Lang. Therapy |
| <input type="checkbox"/> Children in Care – Virtual School | <input type="checkbox"/> Outreach | <input type="checkbox"/> Vision Support Service |
| <input type="checkbox"/> Children Out of School Service | <input type="checkbox"/> OT & Physiotherapy Services | <input type="checkbox"/> Youth Offending Team |
| <input type="checkbox"/> County Psychological Service | <input type="checkbox"/> Portage Pre-school Support | <input type="checkbox"/> <i>Other</i> |

Please indicate if Early Support or CAF is in process: ES CAF

Parent/Carer details:

Title: **Initials:**

Family Name:

Address:

Phone No:

Relationship to child/young person:

Residence of child/young person? Y / N

Parental responsibility? Y / N

Home languages:

Parent/Carer details:

Title: **Initials:**

Family Name:

Address:

Phone No:

Relationship to child/young person:

Residence of child/young person? Y / N

Parental responsibility? Y / N

Home languages:

Child/Young Person - Ethnicity

- | | | |
|---|---|---|
| <input type="checkbox"/> Asian: Bangladeshi | <input type="checkbox"/> Any Other Black Background | <input type="checkbox"/> White: European |
| <input type="checkbox"/> Asian: Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> White: Gypsy/Roma |
| <input type="checkbox"/> Asian: Nepali | <input type="checkbox"/> Mixed: White and Asian | <input type="checkbox"/> White: Irish |
| <input type="checkbox"/> Asian: Pakistani | <input type="checkbox"/> Mixed: White and Black African | <input type="checkbox"/> White: Irish Traveller |
| <input type="checkbox"/> Any Other Asian Background | <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Any Other White Background |
| <input type="checkbox"/> Black: African | <input type="checkbox"/> Any Other Mixed Background | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> Black: Caribbean | <input type="checkbox"/> White: British | <input type="checkbox"/> Preferred not to say |