HAPPY TIMES CLUB

Get to know me! SEND

Name……. Age……..

Date form completed.....

Thank you for taking the time to complete this form. It is so important to give us information which can help to ensure your child has the best chance of being supported successfully.

Does your child have anything they like/enjoy? Include any interests e.g. Toys, games, TV characters, sports. Familiar things can help your child to feel safe.

Does your child have any health issues which may affect them during their time at club e.g. poor sleep patterns, eating difficulties etc? If your child is currently on any medication, please fill in the Permission to Administer Medicine and Allergy Management Plan forms.

Is there anything which makes your child anxious/afraid or upsets them? What is the best way to distract them and reassure them? Are they able to manage in noisy environments with lots of other children around them?

Is your child able to communicate with adults and children? Are there any speech and communication delays we may need to be aware of and plan to help with?

Does your child experience any behavioural/social communication difficulties we need to be aware of? Do they have additional support at school? Please explain the type of support given in other settings. What strategies/ideas do you use at home or do school use to help your child regulate if they become dysregulated?

Will your child need support when using the toilet? What support is needed?

At meal times, is there anything you would like us to focus on with them e.g. do they need encouragement to eat all their food? Do they feel anxious when eating in front of other people?

Is there anything else you would like to share at this time?

Does your child have an EHCP and/or support at school? Are you happy to share the EHCP with us and/or contact the school SENDCO if appropriate?

Please continue on the back if needed.

HAPPY TIMES CLUB