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| **Managing Accessibility Plan** |
| **Name of pupil:** |
| **Date of birth:** |
| **School attended:** |
| **Proposed date of enrolment:** |
| **Additional support needs:** |
| *Please give a brief description of the pupil’s additional support needs.*  **Health/Disability**  **Social/Emotional**  **Learning Environment**  **Family Circumstances** |

**Plan**

***Under each heading below record:***

***a) Measures already in place.***

***b) Further measures required and how these are to be achieved.***

|  |
| --- |
| **1 Mobility**  a)  b)  *Contact for advice: Occupational Therapist/Physiotherapist, Parent/carer, Pupil.* |
| **2 Lifting and handling**  a)  b)  *Contact for advice: Occupational Therapist/Physiotherapist, Parent/carer, Pupil.* |
| **3 Person and Intimate Care** (e.g. diet, feeding, allergies, toileting)  a)  b)  *Contact for advice: Occupational Therapist/Physiotherapist, school nurse/specialist nurse, Parent/carer, Pupil.* |
| **4 Emergencies** (e.g. emergency exits, health issues, severe weather closures). Should an individualised emergency plan be required, a Personal Emergency Plan should also be completed.  a)  b)  *Contact for advice: Health & Safety advisor, School Nurse, Occupational Therapist/Physiotherapist, Community paediatrician, Parent/carer, Pupil.* |
| **5 Sensory** (e.g. hearing or visual aids, sensitivities due to autism spectrum disorder)  a)  b)  *Contact for advice: Sensory Support Service, Educational Psychologist, Additional Support for Learning Teacher, Parent/carer, Pupil.* |
| **6 Administration of medicines**  a)  b)  *Contact for advice: refer to Authority Policy ‘*[*Supporting children and young people with healthcare needs and managing medicines in educational establishments*](http://asn-aberdeenshire.org/category/part-5/)*’. Also Community Paediatrician, child’s General Practitioner, School nurse, Parent/carer, Pupil* |
| **7 Participation in trips/outings** (e.g. supervision, additional staff, physical access). This information is also to be recorded in an individualised risk assessment.  a)  b)  *Contact for advice: refer to Authority information on ‘*[*Educational Excursions’*](http://www.aberdeenshire.gov.uk/schools/parents-carers/school-info/school-excursions/)*, Additional Support for Learning staff, Quality Improvement Officer, Pupil Transport Unit, Parent/carer, Pupil.* |
| **8 Participation in sporting activities (**e.g. equipment, supervision). This information is also to be recorded in an individualised risk assessment.  a)  b)  *Contact for advice: Occupational Therapist/Physiotherapist, Educational Psychologist, Community Paediatrician/School nurse, Parent/carer, Pupil* |
| **9 Transport** (e.g. escort, seating, type of transport, medical needs).  a)  b)  *Contact for advice: Physiotherapist/Occupational Therapist, Quality Improvement Officer, Educational Psychologist, Pupil Transport Unit, Community Paediatrician, Parent/carer, Pupil.* |
| **10 Promoting positive behaviour** (e.g. for child who may exit premises: second higher-positioned door handle, adapted fire doors, visual supports. This information is also to be recorded in an individualised risk assessment.  a)  b)  *Contact for advice: Additional Support for Learning Teacher, Educational Psychologist, Quality Improvement Officer, Business Support Officer, Parent/carer, Pupil,* |
| **11 Physical accessibility** (e.g. accessible ramps, carpeting, decoration, blinds, lighting, fire evacuation, accessible toilets, changing facilities, hoists, water temperature controls).  a)  b)  *Contact for advice: Occupational therapist/Physiotherapist, Quality Improvement Officer, Business Support Officer, Sensory Support Service, Health & Safety officer, Parent/carer, Pupil.* |
| **12 Communication of information** (e.g. large print, preferred language, audio tape, sign, alternative communication aids).  a)  b)  *Contact for advice: Sensory Support Service, English as an Additional Language Service, Speech & Language Therapist, Parent/carer, Pupil.* |
| **13 Equipment** (e.g. hoists, slings, standing frames, desks, chairs).  a)  b)  *Contact for advice: Occupational Therapist/Physiotherapist, Parent/carer, Pupil.* |
| **14 Other agency involvement**  a)  b)  *Contact for advice: Quality Improvement Officer* |
| **15 Parent/carer involvement support** (e.g. reinforcing school strategies, medical needs, homework, getting ready for school).  a)  b) |
| **16 Further comments:** |
| **17 Review date** *(minimum review annually)***:** |
| **18 Completed by:** *(list names of contributors and designation)* |

# Pro forma for training needs for MAP

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil:** | | | | **Head teacher:** | | | |
| **Name of establishment:** | | | | | | | |
| **TRAINING**  **NEED** | Disability  awareness | Personal care | Curriculum | Communication and language | Equipment | Other training needs | Date  completed |
| Promoted staff |  |  |  |  |  |  |  |
| Teachers |  |  |  |  |  |  |  |
| Specialists |  |  |  |  |  |  |  |
| Pupil Support Assistants |  |  |  |  |  |  |  |
| Clerical/ Admin Staff |  |  |  |  |  |  |  |
| Janitorial |  |  |  |  |  |  |  |
| Escorts |  |  |  |  |  |  |  |
| Pupils |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |

**ING**

*Please indicate the names of staff requiring training in each box in order that CLPL can be arranged by the CLPL Coordinator/Head teacher*