Education and Children’s Services

PRO FORMA 1

**Education (Additional Support for Learning) (Scotland) Act 2004**

**INFORMATION AND ASSESSMENT EVIDENCE**

|  |  |
| --- | --- |
| **Details of Person Completing the proforma:** | |
| **Agreement to information sharing obtained from:** | |
| Name |  |
| Agency |  |
| Position Held |  |
| Date |  |
| Signature |  |

|  |  |
| --- | --- |
| **Details of Child / Young Person** | |
| Date of request |  |
| Head Teacher/ Representative |  |
| Child’s name |  |
| Date of Birth |  |
| Home Address |  |
| School Attended |  |

|  |  |  |
| --- | --- | --- |
| 1. Does the child / young person have additional support needs likely to have a significant adverse effect on their school education and arising from: | | |
|  | **Please select:** | |
| **Yes** | **No** |
| 1. One or more **complex** factors, please specify: |  |  |
| 1. **Multiple** factors, please specify: |  |  |
| 1. Are these needs likely to continue for **more than a year**? |  |  |
| 1. In order for the child / young person to **benefit** **from school education**, do those needs require **significant** additional support to be provided by your agency? |  |  |

**PROFILE**

|  |
| --- |
| **Please insert information regarding child’s / young person’s abilities, strengths etc. from your perspective** |
|  |

### **FACTORS WHICH GIVE RISE TO ADDITIONAL SUPPORT NEEDS**

|  |
| --- |
| **Please detail the factors that give rise to the child’s additional support needs** |
|  |

**YOUR AGENCY’S INVOLVEMENT IN SUPPORTING EDUCATIONAL OBJECTIVES**

|  |  |
| --- | --- |
| **Educational objective(s) / aim (s) of agency support** | |
|  | |
| **Nature**  Please describe the nature/type of support that your agency is providing to help meet the above educational objective(s) / aim(s) (e.g., clinic appointments, manage SDS, direct work with child, advice and consultation to parent / school staff). Please note this is not an exhaustive list. | |
|  | |
| **Support**  How often is the support provided? e.g., daily, weekly, monthly, as required | |
|  | |
| **Duration:**  How long for? over weeks / terms / years? | |
|  | |
| **Will support at this level be maintained for 12 months?** | **Please tick √**  **Yes No** |

**Please attach any relevant reports and assessments.**

**This form and supporting information should be returned, electronically if possible, to the person who asked you to complete this form.**