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| **Pupil:** | **School:** | **Previous school(s)** |
| **Reading:** e.g. reading unknown words, recognising sight vocabulary, letter/sound difficulties, fluency – expression and recognition of punctuation. Does your child enjoy reading? Do they understand what they have read? | **Spelling:** *e.g. recognising and remembering spelling patterns, spelling of common sight word, verbal/written discrepancy* | **Sensory Processing difficulties:** *e.g. struggles with noises, certain smells or textures and /or information overload* | **Compulsivity and Change:** *e.g. problems with change, compulsive or driven behaviours, obsessive thoughts, management of/need for routines and consistent strategies* |
| **Social difficulties:** *e.g. prefers to be alone, difficulty with joint attention, difficulty in interpreting non-verbal cues, difficulties relating to others* | **Behavioural. Emotional and****Mental Health:** *e.g. forms of anxiety - self-harm, low mood, self-excluding, tense, unable to make a decision, food concerns* | **Details and Concepts:** *difficulties focussing on details, inability to identify relevant from irrelevant, concrete thinking, problems with abstract thinking* | **Organisation and life skills:** *problems with sequencing routines, following multi-step instructions, personal hygiene (toileting, brushing teeth, showering)* |

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| **Name of person completing form: Relationship to pupil: Date:** |