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| |  |  |  |  | | --- | --- | --- | --- | | **Pupil:** | | **School:** | | | **Communication:** *e.g. non-verbal, echolalic, unusual tone or pitch, difficulty understanding verbal directions, can the pupil initiate communication, literal interpretation* | **Sensory Processing difficulties:** *e.g. struggles with noises, certain smells or textures and /or information overload* | **Behavioural concerns:** *e.g. physical, verbal, passive* | **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* | **Emotional and Mental Health:** *e.g. forms of anxiety - self-harm, low mood, self-excluding, tense, unable to make a decision, food concerns* | **Organisation skills:** *problems with sequencing work, following multi-step tasks, following a schedule or particular order* | **Details and Concepts:** *difficulties focussing on details, inability to identify relevant from irrelevant, concrete thinking, problems with abstract thinking* |   **Overview of Needs** |
| **Name of person completing form: Relationship to pupil: Date:** |

**NB: Please also complete and return the Sensory Checklist**