For Office Use Only:

Student name	
Date received	
Proposed entry year	
EHCP	
Placement requested e.g. Day/4NB/7NB	

Application form

Personal details

Section 1	
First name(s):	Surname:
Date of birth:	Gender: ☐ Male ☐ Female ☐ Transgender
Address: Postcode:	
Parent/carer name(s): Mr/Dr/Mrs/Miss/Ms	
☐ Same as student Address: Postcode:	
E-mail addresse(s):	
Telephone no's (home):	Telephone no's (mobile):
Proposed entry year:	Local authority:
☐ Day placement Term-time residential placement: ☐ 4 Nights ☐ 7 Nights or ☐ 52 Weeks	
Do you have an EHCP? ☐ Yes ☐ No If yes, please enclosed a copy (draft, amended or final).	
How did you first hear about Henshaws Specialist College?	

Contacts

Section 2

Present school:

Address:

Headteacher:

Post 16 Co-ordinator:

Telephone no:

Special school: Mainstream school:

GP: Address: Telephone no:	Social Worker: Address: Telephone no:
Careers Adviser: Address: Telephone no:	Education, Health, Care, Plan Co-ordinator: Name & address: Telephone no:

Please give details of other professionals who work with you, such as therapists, psychologists, respite services/carers, community nurse, medical consultants etc. Continue on a separate sheet if necessary.

Role: Name & address: Telephone no:	Role: Name & address: Telephone no:
Role: Name & address: Telephone no:	Role: Name & address: Telephone no:

Ethnic origin and religion

Section 3

First language:	Do you speak English? ☐ **Yes** ☐ **No**

What is your ethnic group?

☐ Prefer not to answer

White:
- ☐ Welsh/English/Scottish/Northern Irish/British
- ☐ Gypsy or Irish Traveller
- ☐ Irish
- ☐ Any other white background. *Please Describe:*

Mixed/Multiple ethnic groups:
- ☐ White and Black Caribbean
- ☐ White and Asian
- ☐ White and Black African
- ☐ Any other mixed/multiple background. *Please Describe:*

Asian/Asian British:
- ☐ Indian
- ☐ Bangladeshi
- ☐ Any other Asian background *Please Describe:*
- ☐ Pakistani
- ☐ Chinese

Black/African/Caribbean/Black British:
- ☐ African
- ☐ Any other Black/African/Caribbean background. *Please Describe:*
- ☐ Caribbean

Other ethnic group:
- ☐ Arab
- ☐ Any other ethnic group. *Please Describe*

What is your religion?

Do you have any religious observance requirements? ☐ **Yes** ☐ **No**
If yes, please give details: (e.g. opportunities for prayer, fasting, etc.).

Do you have any religious or cultural dietary requirements? ☐ **Yes** ☐ **No**
If yes, please give details

Do you wear specific clothing due to your religion or culture? ☐ **Yes** ☐ **No**
If yes, please give details

Any additional information relating to your religion or culture.

Learning difficulty, disability and/or condition

Section 4 - please tick all that apply.	
Acquired brain injury	☐
ADHD	☐
Anxiety	☐
Asthma	☐
Autism	☐
Cerebral palsy	☐
Developmental delay	☐
Diabetes	☐
Down syndrome	☐
Dyscalculia	☐
Dysphagia	☐
Dyspraxia	☐
Dyslexia	☐
Emotional behavioural difficulties	☐
Epilepsy	☐
Eating and drinking difficulties	☐
Essential wheelchair user	☐
Wheelchair user (Long Distance)	☐
Fragile X syndrome	☐
Genetic condition *Name of condition:*	☐
Hearing Impairment	☐
Impairment affecting mobility	☐
Neurological condition	☐
Mental health condition: *Name of condition:*	☐
Moderate learning difficulty	☐
Multiple/profound impairment	☐
Scoliosis	☐
Severe learning difficulty	☐
Speech/language/communication difficulty	☐
Temporary impairment *Name of condition:*	☐
Visual impairment	☐
Do you receive any therapies? ☐ Speech therapy ☐ Occupational therapy ☐ Physiotherapy ☐ Hydrotherapy If *yes, please give details: (when, how long, where, etc.)?*	☐ **Yes** ☐ **No**

Section 5 - diagnosis

Please bring all medical support equipment to your assessment.

Please tell us about your diagnosis/diagnoses:

How does your medical condition affect your everyday life?

Section 6 - health and care protocols

Please enclose all current care plans and/or protocols related to the care of the student that Henshaws staff will need to follow during the student's college placement. ***These must have been written and signed by medical professional. Failure to provide plans and protocols will result in students not being able to attend an assessment at college until such plans and protocols have been provided for safety reasons.***

Health and care protocols:

Epilepsy Management Plan ☐ N/A ☐ Yes ☐ Enclosed

Stoma Care Plan ☐ N/A ☐ Yes ☐ Enclosed

Suction Care Plan ☐ N/A ☐ Yes ☐ Enclosed

Gastrostomy Care Plan ☐ N/A ☐ Yes ☐ Enclosed

PEG Feeding Protocol ☐ N/A ☐ Yes ☐ Enclosed

Eating and Drinking/feeding Plan (Swallow/choking risks) ☐ N/A ☐ Yes ☐ Enclosed

Any other information, plans or protocols we to be aware of:

Section 7 - medications and homely remedies

Do you any Medication prescribed: ☐ **Yes** ☐ **No**

Are any of these control drugs? *(Please indicate which ones)* ☐ **Yes** ☐ **No**

If yes, please give details below and provide us with a copy of all prescriptions that will be administered by college staff.

Medication	Reason for Medication	Dosage and Frequency	Date it was last reviewed
Homely Remedies			
Clinical need	**Medicine to be used**	**Dosage and Frequency**	**GP approval**

Do you have a shunt in situ? ▭ **Yes** ▭ **No**
If yes, what advice have you been given about this?

Section 8 - pain

Do you suffer from any pain / discomfort? ▭ **Yes** ▭ **No**
If yes, where is the pain / discomfort and how often do you experience it?

How do you express that you are feeling pain / discomfort?

What do we need to do to help with the pain / discomfort?

Do you have any allergies? ▭ **Yes** ▭ **No**
If yes, please give details of these and the treatment you require:

Section 9 - behavioural concerns

Do you require any support in relation to your behaviour? ▭ **Yes** ▭ **No**
If yes, please give details of any support in place (including Behaviour Support Plans and functional assessments/reports)

Have you had any input from a professional in relation to your behaviour? ▭ **Yes** ▭ **No**
If yes, please give details including name and address:

Do you have a Positive Behaviour plan? (*If yes, please enclose a copy)* ⎯ **Yes** ⎯ **No**

If yes have you enclosed with this application form? ⎯ **Yes** ⎯ **No**

Can you tolerate?

- ⎯ Large groups
- ⎯ Crowded places
- ⎯ Noisy places
- ⎯ Noisy people
- ⎯ People being near you
- ⎯ Participating as a group member

Please give details:

Do you have awareness of others? ⎯ **Yes** ⎯ **No**

Do any of the following apply to you?

- ⎯ Antisocial behaviour
- ⎯ Self-injurious behaviour
- ⎯ Regularly seeking attention
- ⎯ Aggressiveness
- ⎯ Phobias/fears
- ⎯ Inappropriate interpersonal / sexual behaviour
- ⎯ Self-Harm
- ⎯ Over activity
- ⎯ Obsessive behaviour/fetish

Please give details:

How do you behave if you are upset? *(e.g. angry/anxious/worried)*

- ⎯ Shouting
- ⎯ Screaming
- ⎯ Crying
- ⎯ Hitting others
- ⎯ Swearing
- ⎯ Self-injurious
- ⎯ Self-harm
- ⎯ Biting yourself
- ⎯ Biting others
- ⎯ Talking fast
- ⎯ Throwing objects
- ⎯ Threatening others
- ⎯ Hyperactive
- ⎯ Running away
- ⎯ Being quiet
- ⎯ Withdrawn
- ⎯ Hitting yourself
- ⎯ Other

Please give details:

What antecedents could affect your behaviour?
Please give details: (e.g. changes to routine, loud noise.)

Where do you get upset?

☐ Home ☐ School ☐ Community ☐ Respite ☐ Other

How often do you get upset?

☐ More than once a day ☐ Daily ☐ Weekly ☐ Fortnightly
☐ Monthly ☐ Three monthly ☐ Six monthly ☐ Yearly ☐ Never

How long does it take for you to feel better?

☐ 10 minutes ☐ 20 minutes ☐ 30 minutes ☐ 1 Hour
☐ A couple of hours ☐ Several hours ☐ All day ☐ Few days

Please give details:

Have you ever had input and support from your local CAMHS Team (Child and Adolescent Mental Health Services)? ☐ **Yes** ☐ **No**

If yes, please give details and send in you latest report:

Does the young person currently any require any adjustments to the physical environment?

☐ Tough Furniture ☐ Fixed Furniture ☐ Low Stimulus
☐ Safe/Breakout space ☐ Fittings flush to the wall ☐ Lighting flush to the ceiling
☐ Linoleum floors ☐ Temperature controlled water ☐ Low lighting
☐ Perspex mirrors/pictures ☐ Removal of pull/blind cords ☐ Sound proofing
☐ Other

Please give details:

Section 10 - sensory integration - please complete the tick boxes below			
Dislikes lights	Yes	No	Only in the past
Covers eyes in bright environments /changes in environments	Yes	No	Only in the past
Seeks items that flash or spin	Yes	No	Only in the past
Distracted by visuals	Yes	No	Only in the past
Appears to dislike loud noises	Yes	No	Only in the past
Appears to dislike unexpected noises	Yes	No	Only in the past
Hears things others may not notice	Yes	No	Only in the past
Covers ears at times	Yes	No	Only in the past
Distracted in noises environments	Yes	No	Only in the past
Difficulty with textures with clothing	Yes	No	Only in the past
Difficulty with accepting light touch	Yes	No	Only in the past
Difficulty with accepting unexpected touch	Yes	No	Only in the past
Difficulty with accepting messy substances (e.g, paint, shaving foam, sand)	Yes	No	Only in the past
Difficulties with recognising pain or temperature (e.g, hot water)	Yes	No	Only in the past
Struggles finding things in bag or pocket	Yes	No	Only in the past
Difficulties with accepting certain smells	Yes	No	Only in the past
Difficulty accepting certain foods	Yes	No	Only in the past
Clumsy/falls/stumbles frequently	Yes	No	Only in the past
Bumps into things frequently	Yes	No	Only in the past
Likes rough and tumble/bashing and crashing around	Yes	No	Only in the past
Uses too much or not enough force in tasks	Yes	No	Only in the past
Invades personal space	Yes	No	Only in the past
Dislikes having feet off the ground	Yes	No	Only in the past
Dislikes rides/lifts/escalators	Yes	No	Only in the past
Spins or whirls body	Yes	No	Only in the past
Rocks either seated or standing	Yes	No	Only in the past
Has limited ideas to occupy themselves	Yes	No	Only in the past
Difficulties learning new physical tasks (e.g. riding a bike, tying shoe laces)	Yes	No	Only in the past

Please state any difficulties during birth (e.g. required oxygen, surgery) *If yes, please give details:*	Yes No
Length of pregnancy (in weeks)	
Did the student crawl? If so what age?	Yes No
Age of walking if applicable	
Has the student had a sensory assessment? (*If yes, please enclosed a copy*)	Yes No
Has the student a sensory diet in place? (*If yes, please enclosed a copy*)	Yes No

Section 11 - sleep

If you are applying for a day place, please skip and go to section 12

Do you have a disturbed sleep pattern? ☐ Yes ☐ No

If yes, please give details:

Do you need to have any sleep or rest during the day? ☐ Yes ☐ No

If yes, please give details:

Do you need any specific support during the night? ☐ Yes ☐ No

If yes, please give details: (e.g. turning, feeding, toileting, etc.)

Section 12 - epilepsy

If no to epilepsy, please skip and go to section 13

Do you have any form of epilepsy? ☐ Yes ☐ No

If yes, what type of seizures do you have (e.g. absences, grand-mal, tonic-clonic).

Do you have any warning signs prior to a seizure? ☐ Yes ☐ No

If yes, please describe them:

Are you prescribed any emergency medication for seizures? ☐ Yes ☐ No

If yes, what is it?

When was your last epileptic seizure?

Are there any other medical or care needs not mentioned elsewhere or not currently being treated but which we may need to be made aware of?

Physical needs

Section 13 - walking

Please bring all communication support equipment to your assessment, including: wheelchairs, walkers, splints etc.

Can you walk?

☐ Independently ☐ With support ☐ I use a wheelchair for long distances
☐ I am an essential wheelchair user

Do you use any of the following walking aids?

☐ Splints ☐ Orthotics ☐ Other walking aids

Please give details, including who provided these for you:

Do you have any problems in relation to your feet? ☐ **Yes** ☐ **No**
If yes, please give details:

Do you wear any specialist footwear *(e.g. Piedro boots, callipers etc.)?* ☐ **Yes** ☐ **No**
If yes, please give details:

Do you have any form of prostheses *(e.g. artificial limbs, eyes etc.)*? ☐ **Yes** ☐ **No**
If yes, please give details:

Do you use stairs independently? ☐ **Yes** ☐ **No**

Do you use lifts independently? ☐ **Yes** ☐ **No**

section 14 - balance

Can you walk around confidently and independently? ☐ **Yes** ☐ **No**

If no, are you able to move yourself around on the floor (e.g. crawl, roll)?

Do you need assistance with walking e.g. due to poor balance? ☐ **Yes** ☐ **No**

If yes, what assistance do you require?

Do you need assistance to stand or sit down? ☐ **Yes** ☐ **No**

If yes, what assistance do you require?

Section 15 - hands

Can you use both of your arms? ☐ **Yes** ☐ **No**

Do you have a dominant hand? ☐ **Yes** ☐ **No**
☐ **Left**
☐ **Right**

Can you use your arms/hands to do the following?

☐ Reach objects ☐ Grasp objects ☐ Release objects
☐ Use scissors ☐ Open a door independently

Section 16 - wheelchair user

If no, please skip and go to section 17

Are you an essential wheelchair user? ☐ **Yes** ☐ **No**

☐ Manual chair ☐ Power chair

Please give details: (e.g. make and model, who provides your wheelchair).

How long have you had your wheelchair?

Have you had training in driving / propelling your wheelchair? ☐ **Yes** ☐ **No**

If yes, from who and when?

Do you drive your wheelchair?

☐ Independently(electric) ☐ Self-propel ☐ With assistance

Do you use your wheelchair independently outdoors? ☐ **Yes** ☐ **No**
If yes, please give an approximate distance you are able to travel:

Has your wheelchair been crash tested for motor vehicle use? ☐ **Yes** ☐ **No**

Do you use any additional specialist seating in your wheelchair(s)? ☐ **Yes** ☐ **No**
If yes, please give details:

Do you transfer?

☐ Independently ☐ With some support ☐ Using a hoist with support
☐ With a patient turner ☐ Other
If you use a hoist and sling to assist with transfers, please give details of the sling you use:

Do you need to spend time out of your wheelchair during the College day? ☐ **Yes** ☐ **No**
If yes, please give details (e.g. lying on the floor, on a wedge, etc.):

Do you have poor posture? ☐ **Yes** ☐ **No**
If yes, please give details:

Do you have any specialist equipment for your posture? ☐ **Yes** ☐ **No**
If yes, please give details:

Do you have difficulty co-ordinating movements (e.g. in upper or lower limbs)? ☐ **Yes** ☐ **No**
If yes, please give details:

Do you need a personalised chair? ☐ **Yes** ☐ **No**
If yes, please give details:

Section 17 - equipment and resources

If none, please skip and go to section 18

It is important that we are aware of all equipment that you currently use e.g. hoists, toilet / shower chair, eating and drinking equipment, wheelchair, low vision aids, communication aids, etc.

Please can you list all equipment that is used to assist you and identify where this equipment is from / funded by, e.g. NHS, Social Services, and private ownership.

If you are invited to assessment it is vital that all essential equipment that you use on a day-to-day basis is available during the assessment visit; this will allow us to gain a clear picture of your abilities and make your stay more comfortable.

Equipment currently used	Provided/funded by	Please tick if bringing to assessment

Please give us any other information your think we should be aware of regarding equipment:

Section 18 - social and leisure activities

What makes you happy?

What sort of social/leisure activities do you like to participate in?

What sports do you like to participate in?

Do you like swimming? ☐ **Yes** ☐ **No**

Can you swim?

☐ Independently ☐ With some support *Please give details:*

Can you tolerate?

☐ Cool water ☐ Public pool

Section 19 - access to the community

Are you happy to go out in the community? ☐ **Yes** ☐ **No**

Do you travel?

☐ Mini-bus with support ☐ Mini-bus independently
☐ Public transport with support ☐ Public transport independently ☐ None

Please give details of any support you need when accessing the community:

Section 20 - eating and drinking

Do you choose your meals?

☐ Independently ☐ With support

If you require support please give details:

Do you have a gastrostomy? ☐ Yes ☐ No

If yes have enclosed your PEG Feeding Protocol with this application form? ☐ Yes ☐ No

Do you require support to carry your meal to the table? ☐ Yes ☐ No

Can you eat your meal independently? ☐ Yes ☐ No

If no, please give details of the assistance you require (e.g. help with cutting, scooping, etc.).

Do you use any specialist cutlery or crockery? ☐ Yes ☐ No

If yes, please give details (e.g. rimmed plate, spoon with large handle, etc.).

Do you need any assistance when having a drink? ☐ Yes ☐ No

Do you use a personalised cup? ☐ Yes ☐ No

If yes, please give details: (e.g. one with a spout).

Do you take adequate fluids daily? ☐ Yes ☐ No

If no, please give details:

Do you have any special dietary needs? ☐ Yes ☐ No
If yes, please give details: (e.g. food sensitivity, vegetarian, gluten-free etc.).

Do you have any particular likes/dislikes concerning food? ☐ Yes ☐ No
If yes, please give details:

Do you have any problems with your teeth, gums and/or mouth? ☐ Yes ☐ No
If yes, please give details:

Do you have dysphagia (any eating, drinking or swallowing difficulties)? ☐ Yes ☐ No
If yes, please give details:

Have you had input from a dysphagia Speech and Language Therapist? ☐ Yes ☐ No
If yes, please give details:

If yes have you enclosed any dysphagia reports? ☐ Yes ☐ No
If yes have you enclosed an interim eating and drinking mat/plan with this application? ☐ Yes ☐ No
If yes have you enclosed your risk assessment with this application? ☐ Yes ☐ No

Have you ever had a videofluoroscopy (video swallow)? ☐ Yes ☐ No
If yes, please give details:

If yes have you enclosed your videofluoroscopy report with this application? ☐ Yes ☐ No

How do you eat and drink?

☐ Food and drink
☐ Food only
☐ Drink only
☐ Risk feeding
☐ Oral tasters
☐ Nil by mouth

Do you require any changes to ordinary food textures? ☐ Yes ☐ No

Please give details:

What IDDSI food level do you currently take?

(IDDSI – International Dysphagia Diet Standardisation Intitiative)

☐ IDDSI Level 7 – Regular foods
☐ IDDSI Level 6 – Soft and Bite-Sized foods
☐ IDDSI Level 5 – Minced and Moist foods
☐ IDDSI Level 4 – Pureed foods
☐ IDDSI Level 3 – Liquidised foods
☐ IDDSI transitional foods

Do you require any changes to drink consistencies? ☐ Yes ☐ No

If yes, please give details:

What IDDSI drink level do you currently take?

(IDDSI – International Dysphagia Diet Standardisation Intitiative)

☐ IDDSI Level 0 – Thin drinks
☐ IDDSI Level 1 – Slightly Thick drinks
☐ IDDSI Level 2 – Mildly Thick drinks
☐ IDDSI Level 3 – Moderately Thick drinks
☐ IDDSI Level 4 – Extremely Thick drinks

Do you use prescribed thickener in your drinks? ☐ Yes ☐ No

Do you regularly cough or choke on food or drink? ☐ Yes ☐ No

If yes, please give details:

Do you have difficulty chewing/preparing food in your mouth? ☐ Yes ☐ No

Do you need to chew a lot to swallow one mouthful? ☐ Yes ☐ No

Do any eating and drinking strategies help you? ☐ Yes ☐ No

☐ Slow pace
☐ Reduce distractions
☐ Avoid high risk foods
☐ 1:1 supervision
☐ Prompts to sit and eat
☐ Small mouthfuls
☐ Food cut up into small pieces
☐ Prompts not to overfill mouth

Do you have a history of chest infections? ☐ Yes ☐ No

If yes, please give details:

Section 21 - dressing

Do you dress yourself independently? ☐ Yes ☐ No

If no, please give details:

Do you use any equipment/small aids to help you dress? ☐ **Yes** ☐ **No**

If yes, please give details:

Do you need help with fastenings? ☐ **Yes** ☐ **No**

*If yes, please give details: (*such as button, zips, shoelaces, bra fastenings etc.).

Section 22 - personal care

Do you prefer: ☐ Bath ☐ Shower

Are you able to bath / shower independently? ☐ **Yes** ☐ **No**

If no, please state the type of support required:

Are you able to wash yourself once you are in the bath or shower? ☐ **Yes** ☐ **No**

Are you able to help in your showering/bathing routine? ☐ **Yes** ☐ **No**

If yes, please give details: (of washing body and hair, drying etc.)

Do you use any equipment when you are using the bath or shower? ☐ **Yes** ☐ **No**

If yes, please give details:

Are you able to:

☐ Brush your hair ☐ Wash your hair ☐ Clean your teeth

If not, please state the type of support required:

Section 23 - toileting

Can you use a toilet?

☐ Independently ☐ With support

Please state the type of support required:

Do you use adaptive equipment or modification for toileting and hygiene? ☐ **Yes** ☐ **No**
If yes, please give details: (such as a raised seat, step stool and grab bars etc.).

Can you wash your hands:

☐ Independently ☐ With support ☐ With prompting

If no, please state the type of support required:

Are you continent with control of your bladder and bowels? ☐ **Yes** ☐ **No**
☐ **Day**
☐ **Night**
If no, please give details:

Have you had a continence assessment? ☐ **Yes** ☐ **No**

Do you have a toileting routine in place? ☐ **Yes** ☐ **No**
If yes, please give details of routine (e.g. are you able to indicate when you want to use the toilet, same time everyday etc.):

Do you use incontinence pads? ☐ **Yes** ☐ **No**
Please give details: (If you require e.g. catheterisation, enema etc.)

Do you require any support while menstruating? ☐ Yes ☐ No ☐ N/A

If yes, please give details:

Is there any other care information we need to know before your assessment visit?

Speech, language and communication

Section 24 - communication

Please bring all communication support equipment to your assessment, including: communication aid/book and symbols/pictures etc.

How do you express yourself?

☐ Verbal	☐ Non-verbal	☐ Sounds	☐ Signing	☐ Makaton
☐ BSL	☐ Single words	☐ Phases	☐ Sentences	☐ Gestures
☐ Facial expression	☐ Body language	☐ Eye contact	☐ Objects	☐ Symbols
☐ Pictures/photos	☐ PECS	☐ Speaking switch	☐ Communication aid	

☐ Voice Output Communication Aid (VOCA)

Please give details:

Do you use a communication aid? ☐ Yes ☐ No

If yes, please give equipment details, who it is funded by and any warranty/insurance details:

How do you access your communication aid?

- ☐ Eye gaze
- ☐ Switch *(e.g. head, foot etc.)*
- ☐ Head pointing
- ☐ Direct access *(touch)*

Is this method effective? ☐ **Yes** ☐ **No**

If no, Please give details:

Do you use any technology to support your learning or leisure activities? ☐ **Yes** ☐ **No**

If yes, please give details: e.g. large-keys keyboard, joystick, iPad, software etc.:

Section 25 - speech and language

Do you have clear conversational speech? ☐ **Yes** ☐ **No**

Do you have difficulties understanding:

- ☐ Spoken language
- ☐ What is happening around you

Please give details:

Do any of the following help you to understand?

☐ Objects	☐ Pictures	☐ Photographs	☐ PECS	☐ Makaton
☐ BSL	☐ Symbols	☐ Single words	☐ Phrases	☐ Sentences

Please give details:

Is there any other information regarding the way you communicate that you have not already told us about?

Sensory needs

Please bring all sensory support equipment to your assessment, including: glasses, hearing aids etc.

Section 26 - visual impairment/sight loss

Do you have a visual impairment/sight loss ***If no, please go to section 27*** ☐ **Yes** ☐ **No**

Description of visual impairment/sight loss:

Registered:

☐ Severely sight impaired (blind) ☐ Sight impaired (partially sighted) ☐ Use low vision aids

Do you wear glasses? ☐ **Yes** ☐ **No**

Do you have your eyes tested every year? ☐ **Yes** ☐ **No**

If yes, please give details of the hospital or opticians:

Do you have any low vision aids to help you see? ☐ **Yes** ☐ **No**

If yes, please give details e.g. magnifier, writing frame, task lighting:

Do you struggle to see things close up? ☐ **Yes** ☐ **No**

Do you struggle to see things in the distance? ☐ **Yes** ☐ **No**

Can you recognise colours? ☐ **Yes** ☐ **No**

Do you function better in?

☐ Low light ☐ Bright light

Do you use?

☐ Braille ☐ Moon ☐ Large print ☐ Audio ☐ Other

Please give details:

Do you use grade 1 Braille? ☐ **Yes** ☐ **No**

Do you use grade 2 Braille? ☐ **Yes** ☐ **No**

If yes, please comment on your knowledge of the Braille code e.g. learning grade 1 alphabet, learning grade 2 code, competent in grade 2 Braille:

Do you read and/or produce Braille? ☐ **Yes** ☐ **No**

☐ Read ☐ Produce

If yes, please comment on any preference for, a greater competency in, reading or producing Braille:

Do you need support with your literacy skills when reading and producing Braille? ☐ **Yes** ☐ **No**
If so, what level of support do you need?

☐ No support ☐ Minimal/occasional verbal
☐ Frequent verbal ☐ Continual verbal prompts

Can you give examples of where you currently use Braille?
e.g. labelling, accessing educational resources, reading for leisure etc.:

What devices do you use to produce Braille?
e.g. Perkins Braille machine, Mountbatten, Dymo gun, Braille note taker, Braille keyboard, Braille display:

Do you read and/or produce Moon? ☐ **Yes** ☐ **No**

☐ Read ☐ Produce

If yes, Please comment on any preference for, a greater competency in, reading or producing Moon:

Do you need support with your literacy skills when reading and producing Moon? ☐ **Yes** ☐ **No**
If so, what level of support do you need?

☐ No support ☐ Minimal/occasional verbal
☐ Frequent verbal ☐ Continual verbal prompts

Can you give examples of where you currently use Moon?
e.g. labelling, accessing educational resources, reading for leisure etc.:

Section 27 - hearing impairment

Do you have difficulty with your hearing? ***If no, please go to section 28*** ☐ **Yes** ☐ **No**
If yes are you:

☐ Hard of Hearing ☐ Profoundly deaf
☐ Dual sensory loss ☐ Other *(please give details)*

Do you use any equipment to help you hear?

- Hearing aids
- Right ear
- Left Ear
- Cochlea implant
- Loop system
- Other *(please give details)*

Do you use the loop system? **Yes** **No**

If yes, please give details of whom, where and when provided the equipment and what training have you received for the equipment?

How do you communicate?

- Speech
- Print
- BSL
- Up read
- Speech to text
- Finger spelling
- Interpreter/Intervener
- Intervener
- Other *(please give details)*

Section 28 - orientation and mobility

Please bring all orientation or mobility support equipment to your assessment, including: canes, glasses etc.

How do you get around a familiar room?

- Vision
- Trailing
- Body protection
- Sighted guide

Please give details:

Do you use a cane? **Yes** **No**

If yes, what type of cane do you use?

- Guide
- Trailing
- Symbol
- Long
- Other

Please give details:

Who provides the cane?

Have you received training in how to use the cane? *If yes, please give details (e.g. who, where and when)?*	⎯ **Yes** ⎯ **No**
Do you have any experience of travelling on public transport? *If yes, what kind of transport?* ⎯ Taxi ⎯ Bus ⎯ Train ⎯ Plane	⎯ **Yes** ⎯ **No**
What support did you need to access it? *Please give details:*	
Do you have any of the following? ⎯ Bus pass ⎯ Disabled persons railcard	

Placement goals and aspirations for your future

Section 29
Is there anything you cannot do now that you would like to learn to do for yourself while at Henshaws Specialist College?
Vocational aspirations: which work related experiences would you like to try whilst you are at Henshaws Specialist College? ⎯ Catering ⎯ Customer service ⎯ Food prep ⎯ Horticulture ⎯ Radio/DJ ⎯ Arts and crafts ⎯ Riding stables ⎯ Other *Please give details*
Do you hope to move on to the world of work after Henshaws Specialist College: *Please tick your area of interest:* ⎯ Work experience ⎯ Voluntary work ⎯ Social enterprise ⎯ Sheltered employment

Supported employment Day services Other *Please give details*

Will you be moving on to further education or training? *Please tick your area of interest:*

Attending courses at your local mainstream college

Attending adult education classes

Training with a work based provider

Other *Please give details*

Where would you like to live?

With support in a community residential home

Have a supported tenancy with a friend

Return home to live with your family

Other *Please give details*

Please don't for get to provide us with the latest copies of the following *(if available):*

- EHCP – draft or final
- Certificates of accreditation (ASDAN awards etc.)
- Any information, plans, letter to support medical conditions
- Behaviour and annual school reports
- Any Health and care plans and protocols
- Any CAMHS reports and Positive behaviour plans
- Any other information you feel is relevant

Please give any additional information you feel we should know before an assessment.

Parents/carers must notify Henshaws Specialist College of any change in the applicant's needs prior to entry. Failure to provide full information, or withhold information relating to an applicant's condition or support needs, may result in the withdrawal of any offer of a place.

We give permission for Henshaws Specialist College to contact the school, to request reports and for these reports to be shared with relevant staff for the purposes of pre-entry assessment.

Completed by: ____

Signed:____ Date:______________________

Please return the completed form to:

Transitions Department, Henshaws Specialist College, Bogs Lane, Harrogate, North Yorkshire, HG1 4ED

If you need assistance in completing this form, please contact Transitions team on 01423 886451 or admissions@henshaws.ac.uk