|  |
| --- |
| Wellbeing Assessment and Plan |
| Date (Session):  |

**Child**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forename** |  | **Surname** |  | **Known As** |  |
| **Current establishment**  |  |  |  |  |  |

 **DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Birth** |  | **Age** |  | **Gender** |  |

 **KEY INDIVIDUALS**

**Lead Professional**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Designation** |  |

**Named Person:**

**Staff on Plan:**

**Agencies**

|  |  |
| --- | --- |
| **Agency** |  |
| **Name** |  | **Designation** |  |
| **Email** |  | Telephone |  |

 **MEDICAL**

|  |
| --- |
| **Attendance concerns:****Late %** **Excl Incidents** **Excl Days** |
|

|  |  |
| --- | --- |
| **Condition** |  |
| **Informed By** |  | **Date Informed** |  | **Informed How** |  |

**WELLBEING ASSESSMENT**

|  |  |
| --- | --- |
| **Safe** | . |
| **SI Level** | 0 1 2 3 4  |

|  |  |
| --- | --- |
| **Healthy** |  |
| **SI Level** | 0 1 2 3 4  |

|  |  |
| --- | --- |
| **Achieving** |   |
| **SI Level** | 0 1 2 3 4  |

|  |  |
| --- | --- |
| **Nurtured** |  |
| **SI Level** | 0 1 2 3 4  |

|  |  |
| --- | --- |
| **Active** |  |
| **SI Level** | 0 1 2 3 4  |

|  |  |
| --- | --- |
| **Respected** |  |
| **SI Level** | 0 1 2 3 4  |

|  |  |
| --- | --- |
| **Responsible** |  |
| **SI Level** | 0 1 2 3 4  |

|  |  |
| --- | --- |
| **Included** |  |
| **SI Level** | 0 1 2 3 4  |

Support Services in Place: (Underline)

ASL Technology Service

Early Years Assessment Centre Early Years Home Visiting Team

Hearing Impairment Inclusion Support Service (HIISS) including Education Audiology

Hospital Education Support Service Joint Support Team

Speech, Language and Communication Needs Inclusion Support Service Psychological Services

Visual Impairment Inclusion Support Service (VIISS)

Occupational Therapist

Interrupted Learning Service

Other

|  |  |
| --- | --- |
| Wellbeing Need |  |

|  |  |
| --- | --- |
| Long Term Target | From: To:  |
| Evaluation Date |   |
| Achieved | Yes / Not yet |
| Wellbeing Indicator  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Short Term Target  | Dates  | Strategy  | Contributors  | Evaluation : Achieved, Not Achieved, Carried Forward (Please indicate) |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Wellbeing Need |  |

|  |  |
| --- | --- |
| Long Term Target | From: To:  |
| Evaluation Date |   |
| Achieved | Yes / Not yet |
| Wellbeing Indicator  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Short Term Target  | Dates  | Strategy  | Contributors  | Evaluation : Achieved, Not Achieved, Carried Forward (Please indicate) |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Wellbeing Need |  |

|  |  |
| --- | --- |
| Long Term Target | From: To:  |
| Evaluation Date |   |
| Achieved | Yes / Not yet |
| Wellbeing Indicator  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Short Term Target  | Dates  | Strategy  | Contributors  | Evaluation : Achieved, Not Achieved, Carried Forward (Please indicate) |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Wellbeing Need |  |

|  |  |
| --- | --- |
| Long Term Target | From: To:  |
| Evaluation Date |   |
| Achieved | Yes / Not yet |
| Wellbeing Indicator  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Short Term Target  | Dates  | Strategy  | Contributors  | Evaluation : Achieved, Not Achieved, Carried Forward (Please indicate) |
|  |   |  |  |  |

|  |  |
| --- | --- |
| Wellbeing Need |  |

|  |  |
| --- | --- |
| Long Term Target | From: To:  |
| Evaluation Date |   |
| Achieved | Yes / Not yet |
| Wellbeing Indicator  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Short Term Target  | Dates  | Strategy  | Contributors  | Evaluation : Achieved, Not Achieved, Carried Forward (Please indicate) |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Wellbeing Need |  |

|  |  |
| --- | --- |
| Long Term Target | From: To:  |
| Evaluation Date |   |
| Achieved | Yes / Not yet |
| Wellbeing Indicator  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Short Term Target  | Dates  | Strategy  | Contributors  | Evaluation : Achieved, Not Achieved, Carried Forward (Please indicate) |
|  |  |  |  |  |

**VIEWS ABOUT THIS PLAN**

**Views of Child (as appropriate to age and stage of development)**

**YES / NO**

**VERY SATISFIED / SATISFIED / UNSATISFIED**

**Views of Parent or Carer**

**I have been able to contribute to planning my child's education.**

**YES / NO**

**I am satisfied with the arrangements made in school for my child.**

**VERY SATISFIED / SATISFIED / UNSATISFIED**

 **SIGNATORIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Designation** |  | **Signature** |  |
| **Name** |  | **Designation** |  | **Signature** |  |