One-Page SEND Parent Profile

Child Profile

Name: _____

Date of Birth: _____

Age / Year Group Equivalent: _____

Diagnosis (if known): _____

Strengths & Interests

- _____
- _____
- _____

Key Needs

Communication & Interaction:

_____

_____

Cognition & Learning:

_____

_____

SEMH:

_____

_____

Sensory/Physical:

_____

_____

Education Overview

Home education approach:

_____

_____

Previous schools:

_____

_____

What Works Well

- _____
- _____
- _____
- _____

Main Concerns

- _____
- _____
- _____
- _____

Everyday Functioning

Communication:

_____

_____

Social interaction:

_____

_____

Independence:

_____

_____

Emotional regulation:

_____

_____

Health Needs

Condition:

_____

_____

Impact on learning:

_____

_____

Social Care Needs

Details:

_____

_____

_____

Current Support

Professionals involved:

_____

_____

Strategies used:

_____

_____

Parent Priorities

- _____
- _____
- _____

Desired Outcomes (6 to 12 months)

1. _____
2. _____
3. _____