Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder



Name of child/young		
person:	D.O.B	
Name of		
parent/s/carer/s		

In order to support your child's individual needs whilst they are attending Quaker events, it is important that the CYP staff and volunteers have appropriate and relevant information about your child's special educational needs. All information will be treated as confidential and only shared with others who have a need to know. Please answer the questions that are relevant to <u>your</u> child.

ADD/ADHD (delete as appropriate)	Please give relevant information about the characteristics of your child's ADD/ADHD to help us meet their needs. For example, what type of situations do they find particularly difficult to concentrate in? What strategies help them to manage this?
Physical disabilities or co-ordination difficulties	Does your child have any physical disabilities or co-ordination difficulties as well? (e.g hearing/visual impairments, difficulties with fine and gross motor skills)
Sensory difficulties	Does your child have sensory difficulties? (e.g. dislikes loud noises, tight clothing, high levels of visual stimulation etc)

Behaviour, self esteem, ability to relate to others	How does your child respond to being looked after by adults they don't initially know? How does your child relate to other children? Does your child have behavioural difficulties? (If so, what strategies can help to manage this?
Interests	What type of activities does your child enjoy? (For example, particular games, play, art and craft activities)
Does your child have any other difficulties or particular requirements that it would help us to know about?	
Anything else?	

Autism/Asperger Syndrome

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Name of child/young		
person:	D.O.B	
Name of		
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Autism/ Asperger Syndrone (delete as appropriate)	Please give relevant information about the characteristics of your child's autism to help us meet their needs.
Attention, listening and concentration	Does your child have any difficulties in this area?
Communication - Speech and Language	Does your child have any speech and language difficulties as well? (e.g. speech articulation difficulties, difficulties with understanding or spoken language)
Physical disabilities or co-ordination difficulties	Does your child have any <u>physical or co-ordination difficulties</u> as well? (e.g hearing/visual impairments, difficulties with fine and gross motor skills)
Sensory difficulties	Does your child have <u>sensory</u> difficulties? (e.g. dislikes loud noises or high levels of visual stimulation etc)

Behaviour, self esteem, ability to relate to others	How does your child respond to being looked after by adults they don't initially know?
	How does your child relate to other children?
	Does your child have behavioural difficulties? (If so, what strategies can help to manage this?)
Interests	What type of activities does your child enjoy? (For example, particular
	games, play, art and craft activities)
Does your child have any other difficulties or	
particular requirements that it would help us to know about?	

Specific Learning Difficulties/Dyslexia



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Specific learning difficulties/dyslexia	Does your child have <u>difficulties with the following</u> (if so please give information):
	Reading?
	Spelling?
	Memory and/or self organisation?
Attention, listening and concentration	Does your child have any difficulties in this area?
Physical disabilities or co-ordination difficulties	Does your child have any physical or co-ordination difficulties as well? (e.g hearing/visual impairments, difficulties with fine and gross motor skills)

Behaviour, self esteem, ability to relate to others	How does your child respond to being looked after by adults they don't initially know?
	How does your child relate to other children?
	Does your child have behavioural difficulties? (If so, what strategies can help to manage this?)
Interests	What type of activities does your child enjoy? (For example, particular games, play, art and craft activities)
Does your child have any other difficulties or particular requirements that it would help us to know about?	

General learning difficulties

Name of child/young



person:	D.O.B	
Name of		
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Learning	Does your child have:
difficulties/overall	Moderate learning difficulties – yes/no
developmental delay	Severe learning difficulties – yes/no
	Do they attend a special school or a mainstream school (If a special school, what type of special school?
Communication -	Does your child have –
Speech and Language	Speech articulation difficulties (For example, are they difficult to understand when speaking?)
	Receptive language delay (understanding of language) – (For example, they may only be able to understand one or two word instructions, please explain)
	Expressive language (spoken language) delay – (For example, they may only be able to speak words and short phrases)
	Signing – does your child use signing to aid his/her communication, if so what signing system do they use and how effectively can they use it?

Behaviour, self esteem, ability to relate to others	How does your child respond to being looked after by adults they don't initially know?
	How does your child relate to other children?
	Does your child have behavioural difficulties? (If so, what strategies can help to manage this?)
Interests	What type of activities does your child enjoy? (For example, particular games, play, art and craft activities)
Does your child have any other difficulties or particular requirements that it would help us to know about? (e.g. any physical	
disabilities – hearing or visual impairment, or sensory difficulties)	
Anything else it would help us to know about?	