**INITIAL TRIAGE REPORT**

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| **NIC eligibility:**1. ***New in Country and City e.g.  recently arrived no more than 3 months resident in the city.***
2. ***Evident complex medical and health needs e.g., may be non-ambulant; have an evident physical disability; incontinent; moving and handling needs; possible equipment needs.***
3. ***May have evidence of having the equivalent of an EHCP from another country.***
4. ***No universal communication method in their first language.***
5. ***Requires specialist support/input and advice around equipment, environment, and mobility to ensure safe access to the school environment.***

***Please highlight or tick which apply.***  |

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| **Outcome of triage assessment:** |
| 1. Eligible for NIC funding and fast track EHCNA
 | Yes | No |
| Referred to SEND team for EHCNA to commence from this date | Date form sent to SEND team: |  |
| Referred to RESP for funding decision(include RESP funding request form) | Date forms sent to RESP: |  |
| 1. Eligible for fast track EHCNA
 | Yes | No |
| Referred to SEND team for EHCNA to commence from this date | Date form sent to SEND team: |  |
| 1. Eligible for interim funding to support time limited transition period and determine if ECHNAR is appropriate
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| Referred to RESP for funding decision(include RESP funding request form) | Date forms sent to RESP: |  |
| 1. Not eligible
 | Yes | No |
| Details to be fed back to setting and/or referrer | Date of feedback  |  |

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| **Full Name**  |  | **Known as** |  |
| **Date of Birth** |  | **Report completed by** |  |
| **Setting** |  | **Year Group** |  |
| **Date of meeting** |  | **Meeting held at** |  |

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| **Attendees:** |
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| **Family Dynamics** |
| Where did the family reside before coming to England? |  |
| Who in the family is currently living in Hull? |  |
| What is the families first language?  |  |
| Are parents able to read and write in their first language? | Yes | No |
| Are parents able to read and write in English?  | Yes | No |
| Do they require an interpreter to access information? | Yes | No |

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| **Educational History** |
| Has the learner attended school previously? | Yes | No |
| Did they learn with learners of the same age? | Yes | No |
| Provide details of previous setting / educational experience, e.g. full time? Year groups attended? Length of time spent in school? Were they happy in the setting? |
| Has the learner started in a local setting? | Yes | No |
| Name of local setting |  |
| Description of current timetable  |
| If a full time provision is not currently possible what is the reason? Delete as appropriate |
| Setting, e.g. staffing | Learner capacity | Other |
| Further details |

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| **Medical Information / physical and sensory needs** |
| Are the family registered with a GP  | Yes | No |
| If yes: name of GP surgery |
| Does the learner have any identified medical conditions?  | Yes | No |
| If yes, provide details of diagnoses – what, when, who by? |
| Does the learner take any medication? | Yes | No |
| If yes, provide details of what and when |
| Any physical accessibility needs? | Yes | No |
| If yes, provide details of equipment required |
| Any identified VI / HI needs? | Yes | No |
| If yes, provide details of equipment required |
| Any additional toileting needs? | Yes | No |
| If yes, provide details of equipment / support required |
| Any feeding / drinking needs? | Yes | No |
| If yes, provide details of equipment / support required and of any specific dietary requirements |

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| **Communication and Interaction** |
| Can the learner express themselves verbally in English? | Yes | No |
| Can they express themselves in their first language? | Yes | No |
| Provide details of any verbal difficulties |
| If non-verbal, provide details regarding how they communicate |
| **Cognition and Learning** |
| Is there an identified learning difficulty | Yes | No |
| Provide details of any learning difficulties / describe capacity to attend to tasks |
| **Social, Emotional and Mental Health** |
| Can the learner accept school settings and routines? | Yes | No |
| Provide details regarding causes of learner upset / frustration and how this is expressed  |

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| **Other agencies supporting the family**  |
| Name | Role | Service | Contact details |
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| **Assessment:****The assessment of fine and gross motor skills included:** |
| Pen/pencil grasp; includes investigation of variety of grips and/or specialist pens/pencils | Body position when writing including use of non-writing hand; position on seat | Pen/pencil control including copying of shapes and tracking accuracy |
| Reading skills; letter and word recognition and reading fluency | Letter formation and handwriting control; including copying and free writing | Finger strength and manipulation skills; scissor skills |
| Scissor skills | Use of ride-on toys – push-alongs, tricycles, scooters | Skill using outdoor play equipment such as climbing frame/slide |
| Writing speed – using the Wold Sentence Copy Test | Typing speed - using the Wold Sentence Copy Test | Writing speed/thinking speed using Hedderley Sentence Completion Test |
| Walking gait; including technique and fluency | Balance; time able to balance on each foot | Jumping; height from ground/safety of landing jumping with both feet |
| Hopping; technique on either foot over a short distance | Running technique; fluency and efficiency of technique | Crossing the midline: following hand and arm movements that require co-ordination |
| Throwing and Catching skills; both hands, one hand, high and low and to the sides of the body; under and over arm | Kicking skills; right and left foot, accuracy and technique | Level of independence/self- care skills |

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| **Summary of observation** |
| **Areas of strength:** | **Areas of difficulty:** |

**Identified risks associated with attendance in a mainstream setting**

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| Risk identified | Additional comments |
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**All documentation relating to this case should be saved in the SEND Drive under a new folder titled NEW IN COUNTRY**

**Further actions recommended by the assessor**

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| Communication needed with: |
| SEND Social Worker (Cordelia Rogers) | Yes | No |
| Justification: |
| Assistant Designated Clinical Officer (SEND – Amanda Axe) | Yes | No |
| Justification: |

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| Recommended referrals needed to: | By whom: |
| IPaSS PD | Yes | No |  |
| IPaSS VI | Yes | No |  |
| IPaSS HI | Yes | No |  |
| SENDIASS | Yes | No |  |
| SEMH Outreach/AP | Yes | No |  |
| SLD Outreach | Yes | No |  |
| Northcott Outreach | Yes | No |  |
| SALT | Yes | No |  |
| 0-19 Health Service | Yes | No |  |
| Early Help | Yes | No |  |
| GP | Yes | No |  |
| Optician | Yes | No |  |
| Other: |  |  |  |

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| Signature of person completing assessment |  |
| Name (please print) |  |
| Date |  |