

Home Visit Transition Forms

This form should be:

- ***Completed in full to ensure quick, effective response***
- ***Completed with the Parent/Main carer***
- ***Completed in block letters in black pen***

Pupil Information

Name: Preferred Name: Full Address: Postcode: Tel No:	Male <input type="checkbox"/> Female <input type="checkbox"/> D.O.B: Ethnic Group: Preferred Language: Cultural/Religious:
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Family: Single parent	<input type="checkbox"/> Divorced	<input type="checkbox"/>
Married	<input type="checkbox"/> Separated	<input type="checkbox"/>
Looked after	<input type="checkbox"/>	
Siblings:		

Contact Persons/Carer: Relationship to Client: Name: Full Address: Postcode:	GP Name: Surgery Address: Postcode: Appointment: / /
	Date of last GP

Social Worker: Tel No:	Other agencies involved: CAMHs Ed Psych
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Diagnosis / Statement:	Medication / last reviewed:
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Accommodation:

How many people in the home _____

If parents separated does he spend any time with other parent / carer

About the student

Is there anything I need to know about your child that is important?

What is it that I could do to help your child be as successful as possible in my class?

What are your child's areas of strength?

What types of things work best for your child in terms of rewards and motivation?

Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe:

How does your child best communicate with others?

- | | |
|--|---|
| <input type="checkbox"/> Spoken language | <input type="checkbox"/> Written language |
| <input type="checkbox"/> Sign language | <input type="checkbox"/> Communication device |

Combination of the above (please describe): _____



About the student

Does your child have any sensory needs that I should be aware of? (current or previous) Yes No

Yes If yes, what type of sensitivity does the student have?

Visual

Auditory

Smells

Touch

Taste

Other (please describe):

–

What kinds of adaptations have helped with these sensitivities in the past?

–

–

Does your child have a regular bedtime? Yes No

Does your child seem well rested in the morning? Yes No

Does your child have a TV, computer or games in her bedroom? Yes No



Do changes in routine or transitions to new activities affect your child's behaviour?

Never

Sometimes

Frequently

If yes, what types of classroom accommodations can I make to help your child adapt to change and transitions?

About the student's behaviour



What behaviours related your child's difficulties am I most likely to see at

school? Harm to self: Yes No

- | | | | |
|-----------------------------------|--------------------------|--------------|--------------------------|
| Cutting self (with sharp objects) | <input type="checkbox"/> | Scratching | <input type="checkbox"/> |
| Biting | <input type="checkbox"/> | Not drinking | <input type="checkbox"/> |
| Pinching | <input type="checkbox"/> | Not eating | <input type="checkbox"/> |

Other: vomiting, swallowing objects, over eating / drinking

Describe behaviour:

Harm to others: Yes No

- | | | | |
|---------------------------------|--------------------------|---------------------------------------|--------------------------|
| Hitting with fists, / open palm | <input type="checkbox"/> | Kicking | <input type="checkbox"/> |
| Hitting with head | <input type="checkbox"/> | Pinching | <input type="checkbox"/> |
| Hitting with objects | <input type="checkbox"/> | Hair pulling | <input type="checkbox"/> |
| Biting | <input type="checkbox"/> | Verbal or implied threats of violence | <input type="checkbox"/> |
| Scratching | <input type="checkbox"/> | Sexually inappropriate behaviours | <input type="checkbox"/> |

Other: e.g shouting, swearing at others, spitting

Describe behaviour:

Harm to property: Yes No

- | | | | |
|--------------|--------------------------|-------------------------------|--------------------------|
| Fire setting | <input type="checkbox"/> | Break's objects intentionally | <input type="checkbox"/> |
| Kicking | <input type="checkbox"/> | Throw's items | <input type="checkbox"/> |

Other: e.g. Hits, kicks property when angry

Describe behaviour:

Other Behaviours Yes No

Attention seeking, anti social, criminal / stealing, alcohol, drug abuse

Describe behaviour:



About the student's behaviour at home

When does the behaviour occur:

- | | | | |
|------------------|--------------------------|---------------------|--------------------------|
| Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> |
| Early evening | <input type="checkbox"/> | Late evening | <input type="checkbox"/> |
| During the night | <input type="checkbox"/> | No specific time | <input type="checkbox"/> |
| Meal times | <input type="checkbox"/> | If so, which: _____ | |

Describe any other times:

Has their behaviour at home intensified:

- Yes No

If yes, how has it intensified:

Have there been any significant changes or events:

eg,

- | | | | |
|--|--------------------------|--|--------------------------|
| Medication | <input type="checkbox"/> | Bereavement | <input type="checkbox"/> |
| At Home | <input type="checkbox"/> | Mood | <input type="checkbox"/> |
| Visits/appointments (e.g. dentist, GP) | <input type="checkbox"/> | Family | <input type="checkbox"/> |
| Loss of job within home | <input type="checkbox"/> | Social (e.g. conflict, activity, events) | <input type="checkbox"/> |
| School | <input type="checkbox"/> | Physical illness/injury | <input type="checkbox"/> |
| Moving home | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Describe changes:

Where does the behaviour occur:

- | | | | |
|-----------|--------------------------|----------------------|--------------------------|
| Transport | <input type="checkbox"/> | In the community | <input type="checkbox"/> |
| College | <input type="checkbox"/> | Social (e.g. events) | <input type="checkbox"/> |
| Other | | | |

Describe any other times:

When the pupil is:

- Alone In a group With friends With family

Describe any other social situations:

About the student's behaviour at home

Are there triggers for these behaviours?

- Sensory sensitivity Change in schedule or routine
 Social attention Escape a boring task
 Other (please describe):

How is the behaviour currently being dealt with: boundaries etc
(please describe)

Any previous strategies tried:

- Medication Therapy Diet
 Routine
Other...

In your experience, what are the best ways to cope with these challenges and get your child back on task?

–

–

–

Is there anything else you think I should know about your child? _____

–

Any other relevant information:

About the student

Does your child spend the majority of time away from home, e.g. out with friends for prolonged period?

What are the positive aspects / strengths of your relationship?

Is there any significant others that appear to have a positive relationship with your son/daughter, in particular with regards to challenging his/ her behaviour?

Any other relevant information:

Is County / other professionals aware of problems at home:

Yes

No

Has any input been given regarding problems within home or behaviour by any other party:

Yes

No

About the student

Is your child involved in extra-curricular activities? If so, what are the activities and how frequently does your child participate?



About the student

What do you see as your child's greatest strengths or skills? Tell me about a time when you saw your child demonstrating these skills.

Next July, what do you hope your child says about his/her experience in school this year? What's the story you hope he/she would tell?

What are your fears or concerns about your child in this year of school?

What is the best approach for us to use in communication with one another about your child's progress and challenges?

Telephone calls – Phone numbers: _____

E-mails – Addresses: _____

Other: _____

How and when would you like me to be in touch with you this year? What do you hope I'd communicate with you about?

Is there anything else you can tell me about your child that you think would help me support his/her learning?

Parent Questionnaire

1 = never ----- 6 = always

1)	Student Behaviours	1	2	3	4	5	6
a	How often does your child struggle to get organised for school?						
b	How much effort does your child put into school-related tasks?						
c	When working on school activities at home, how easily is your child distracted?						
d	How well does your child manage his or her emotions?						
e	How often does your child give up on learning activities that he or she finds hard?						
f	How motivated is your child to learn the topics covered in class?						
g	In general, how well does your child learn from feedback about his or her work?						
h	On average, how well does your child work independently on learning activities at home?						
2)	Parent Involvement	1	2	3	4	5	6
a	How often do you meet in person with teachers at your child's school?						
b	How involved have you been with a parent group(s) at your child's school?						

c	In the past year, how often have you discussed your child's school with other parents from the school?						
d	In the past year, how often have you helped out at your child's school?						
e	How involved have you been in fundraising efforts at your child's school?						
f	In the past year, how often have you visited your child's school?						

1)	Parental Support	1	2	3	4	5	6
a	To what extent do you know how your child is doing socially at school?						
b	How often do you and your child talk when he or she is having a problem with others?						
c	How well do you know your child's close friends?						
d	How often do you have conversations with your child about what his or her class is learning at school?						
e	How much effort do you put into helping your child learn to do things for himself/herself?						
f	How often do you help your child understand the content he or she is learning in school?						
g	How often do you help your child engage in activities which are educational outside the home?						

Parent Questionnaire							
1 = never ----- 6 = always							
3)	School climate	1	2	3	4	5	6
a	What do you think about the service you and your child received by previous schools?						
b	Were you contacted on a regular basis regarding the work being undertaken, and did you feel your concerns were acted upon?						
c	To what extent do you think that children enjoy going to your child's school?						
d	Overall, how much respect do you think the children at your child's school have for the staff?						
e	How motivating are the classroom lessons at your child's school?						
f	How well do administrators at your child's school create a school environment that helps children learn?						
g	Overall, how much respect do you think the teachers at your child's school have for the children?						
h	How fair is the school's system of evaluating children's behaviour?						
i	Did you receive adequate support, and understand the purpose of the support you received from your child's previous school?						



j	How did you feel your child's behaviour was dealt with at previous schools?						
k	Did you think your child felt safe at their previous school (e.g bullying)						

4)	School program	1	2	3	4	5	6
a	Did you feel you or your child's individual educational and care needs were taken into account?						
b	How well do the activities offered at your child's school match his or her interests?						
c	How well do the teaching styles of your child's teachers match your child's learning style?						
d	At your child's school, how well does the overall approach to discipline work for your child?						
e	How much of a sense of belonging does your child feel at his or her school?						
f	How comfortable is your child in asking for help from school adults?						
g	How well do you feel your child's school is preparing him or her for his or her next academic year?						
h	Given your child's cultural background, how good a fit is his or her school?						
i	How well do the school's ways of evaluating learning work for your child?						

Parent Questionnaire
<p>How do you feel joining the Chiltern Way Academy will benefit your child's education, behaviour and life opportunities?</p> <hr/> <hr/> <hr/> <hr/>



What are your views/opinions of the Chiltern Way Academy?

Any additional comments
