**CEAS REGISTRATION OF A SERVICE CHILD WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND)**

**The following document should be completed by the school at the request of the parent. It should then be submitted by the parent to CEAS along with the following application form:**

**DCS\_CEAS\_FORM\_03-SEND\_CEAS\_SUPPORT\_APPLICATION\_FORM-V1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SPECIAL EDUCATIONAL NEEDS REGISTRATION** | | | | | | | | | |
| The Children's Education Advisory Service (CEAS) provides advice, support and guidance regarding the educational well-being of the children and young people belonging to Armed Forces families. All advice given is impartial, child-centred and focuses on the best interests of the individual.  **CEAS will support MOD families with any educational matters at any stage.**  The MOD recommends that Service personnel who have a child/ young person with identified additional educational needs and/ or disabilities register the needs with CEAS so that the family can be supported as required and particularly in relation to factors related to a Service-related lifestyle.  Please support this family's registration with CEAS by completing the following information.  ***This information should be requested by the parent and returned to the parent.*** | | | | | | | | | |
|  | | | | | | | | | |
| **CHILD’S GENERAL INFORMATION** | | | | | | | | | |
| **Legal Surname:** | **Legal forename:** | | | **Preferred name:** | | | | | **Date of birth:** |
|  |  | | |  | | | | |  |
| **Home language:** | | | | | | | | | |
| **Current School Details (please check the relevant boxes):** | | | | | | | | | |
| **Maintained School** | | **Independent School** | | | | **Specialist School** | | | |
| **Early Years Setting** | | **Primary School** | | | | **Secondary School** | | | |
| **Name of person completing this form:** | | |  | | | | | | |
| **Job title:** | | |  | | | | | | |
| **Address:** | | |  | | | | | | |
| **Phone:** | | |  | | | | | | |
| **Email:** | | |  | | | | | | |
| **Additional comments, including barriers to learning and next steps:** | | | | | | | | | |
|  | | | | | | | | | |
| **Is this child recognised by the school as having special/ additional educational needs?** | | | | | | | | | |
| No, this child is not on the school's additional needs register | **UNIVERSAL OFFER**  This child is not on the school's additional needs register but is accessing some additional support – e.g. literacy booster sessions, communication, reading, handwriting, physical or pastoral support | | | **SCHOOL BASED SEN SUPPORT**  This child is recognised on the school's additional needs register. The school are making provision for this child which is additional to and different from the universal offer | | | | **STATUTORY PLAN OF SEND**  This child has undergone statutory assessment and has a Local Authority plan in place i.e. Education Health and Care Plan (EHCP), Statement of SEN (Wales, Northern Ireland),  Co-ordinated Support Plan (Scotland) | |
| **Any additional information which may be useful:** | | | | | | | | | |
| **What is considered to be this child's primary need? (Tick all that apply)**   |  |  |  |  | | --- | --- | --- | --- | | **Communication and Interaction** | **Cognition and Learning** | **Social, Emotional and Mental Health Difficulties** | **Sensory and/ or physical needs** | | | | | | | | | | |
|  | | | | | | | | | |
| **Please indicate if there has been an agency involvement: (Please check the relevant boxes)** | | | | | | | | | |
| **Agency** | | | | | **None** | | **Previous** | | **Current** |
| Speech and Language therapy | | | | |  | |  | |  |
| Physiotherapy | | | | |  | |  | |  |
| Educational Psychology | | | | |  | |  | |  |
| Occupational Therapy | | | | |  | |  | |  |
| Advisory Teacher/LA SEND support | | | | |  | |  | |  |
| Paediatrician | | | | |  | |  | |  |
| Social Care | | | | |  | |  | |  |
| CAMHS | | | | |  | |  | |  |
| Health Visitor | | | | |  | |  | |  |
| Portage | | | | |  | |  | |  |
| Early Help/CAF | | | | |  | |  | |  |
| Child's Plan (Scotland) | | | | |  | |  | |  |
| Other (please specify): | | | | |  | |  | |  |
| **Any additional comments:** | | | | | | | | | |
|  | | | | | | | | | |

**SIGNATURE OF THE SCHOOL REPRESENTATIVE WHO COMPLETED THIS FORM:**

|  |
| --- |
| **Name of school staff:** |
| **Role within school:** |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | Date |  |  |