

The following information is required by Cotswold Chine School prior to a young person's assessment period; the information will be made available to staff working with the young person and the School's Admissions Panel. No decision on placement can be made until this document is completed. Please complete and return this form to:

*Kelly Lawson • Registered Manager*

*Cotswold Chine School • Box • Nr. Stroud • Gloucestershire • GL6 9AG*

*Alternatively this form may be completed electronically and emailed to: [kelly.lawson@cotswold-chine.org.uk](mailto:kelly.lawson@cotswold-chine.org.uk)*

### Basic Information

Young Person's Name:			
Form Completed by:		Date:	
Relationship to Young Person:			
Young Person's Date of Birth:		Young Person's Place of Birth:	
Young Person's NHS Number:		Young Person's National Insurance No:	
Young Person's Eye Colour:		Young Person's Hair Colour / Style:	
Young Person's Racial Origin:		Young Person's First Language:	
Young Person's Religion:		Parent's Religion:	
Practising (Religion)?			
Young Person's Phobias & Anxieties:			
Legal Status (Who holds Parental Responsibility for the YP?)			

### Family & Social Relationships

Are there any Contact Restrictions (including any Court Orders)?

Are there any special contact arrangements in place which the school would need to be aware of?

Personal Contacts			
<b>Birth Mother</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
Are visits supervised?		By whom?	
<b>Biological Father</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
Are visits supervised?		By whom?	
<b>Adoptive / Foster / Step-Parents</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
Are visits supervised?		By whom?	
<b>Siblings</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
Are visits supervised?		By whom?	
<b>Grandparent(s) / Any Other Family Members</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
Are visits supervised?		By whom?	
<b>Respite Carers / Independent Visitor(s) (Please Specify)</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
Relationship to YP:			
Are visits supervised?		By whom?	
Phone contact frequency:		Face to face frequency:	
<b>Other (Please Specify)</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
Relationship to YP:			
Are visits supervised?		By whom?	
Phone contact frequency:		Face to face frequency:	

Professional Contacts			
<b>Previous School / Placement</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>General Practitioner</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Dentist</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Optician</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Education Department Officer</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Social Worker (If Applicable)</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Educational Psychiatrist</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Consultant Psychiatrist / Paediatrician / Psychologist (If Applicable)</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Taxi Company / Transport Officer (If Applicable)</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			
<b>Other:</b>			
Name:		Telephone:	
Email:		Mobile Phone:	
Address:			

## Relationship With Animals

How does the young person behave/react in the presence of animals?

## Information For Mealtimes

**Please comment on how you feel the young person would adapt to the routines of mealtimes, noting any potential difficulties.**  
The school promotes sociable/family dining where each young person eats the same or similar meal with their peers and staff.

## Diet Likes

## Diet Dislikes

**Food Planner:** If the young person is very limited in choice of foods/has specific requirements it would be useful if a 'food planner' could be attached detailing: favourite foods, any special preparation methods, any food allergies, any cultural requirements.

**Are any foods being encouraged, or discouraged (i.e. medical reasons)?** (N.B. The school discourages sweets, fizzy drinks, and 'junk food' and encourages a healthy, organic diet).

**Activities, Play & Leisure**

**Are there any favourite clubs, hobbies, sport, games that the young person pursues or would like to start?**

(N.B. The school discourages toy weapons and any other toys considered to promote/glamorise aggression/violence)

**What current activities are being encouraged or discouraged?**

**Are any activities restricted due to health reasons?**

**Can the young person swim?**

## Assessment of Self Care & Independence Skills

Please indicate whether the Young Person has the following skills (according to ability).

Skill	Has this skill	Needs support/supervision
Uses Telephone		
Identifies Money Values		
Road Safety		
Uses Library		
Tells Time		
Makes Drinks		
Makes Meals		
Makes Snacks (e.g. making a sandwich)		
Reads		
Writes		
Riding a Bicycle		
Uses Toilet		
Taking Public Transport		
Shopping (e.g. shopping for a meal)		
Female Students Managing Menstruation		

Are there any other significant areas in which the young person requires regular help or support?

## De-Escalation & Physical Intervention Strategies

What approach is used with the young person to de-escalate a situation? Please include as much detail as possible

Has the young person required physical intervention/restraint to keep themselves/others safe? If yes please state frequency

**Identity**

**Are there any cultural, religious or racial needs which require specific input? (Please provide as much detail as possible):**

**Is the young person (currently/previously) sexually active?**

**Are there any incidents regarding sexual behaviour of which the school should be aware?**

**Medical & Health Information****Diagnosis** (If known please include date of diagnosis and named professional who made the diagnosis):

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**Relevant Medical History****Immunisation History** (If known, please indicate which vaccines have been taken, otherwise leave blank until information is available).

Vaccination Type	If "Yes" Please Tick	Date Taken
DTaP/IPV/Hib + PCV @ 2months		
DTaP/IPV/Hib + Meningitis C @ 3 months		
DTaP/IPV/Hib + Meningitis C+PCV @ 4months		
Hib/Meningitis C @ around 12 months		
MMR/PCV @ 13months		
DTap/IPV + MMR @ 3 ¼ years plus		
HPV (females only) aged 12/13 years		
Td/IPV @ 13/18 years		

<b>Please indicate the young person's approximate height:</b>	
<b>Please indicate the young person's approximate weight:</b>	

**Infectious Illnesses** (Please tick any which have occurred and enter others as appropriate)

Chicken Pox			
Measles			
German Measles			
Whooping Cough			
Mumps			

**Please give details of any medication taken (including dosage):**

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**Who is this medication reviewed by?**

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**Does the young person have any known allergies?**

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**Is there any other relevant health/medical information associated with the young person?**

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**Does the young person smoke?** (If yes please describe how this is managed).

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**Risk Assessment / Behaviours – Please provide as much detail as possible, including any effective strategies**

**Please describe current/proposed transport arrangements, noting any areas of difficulty:**

**Any history of physically aggressive behaviour?**

**Any history of self harming behaviour?**

**Please describe any repetitive/obsessional/compulsive behaviours:**

**Risk Assessment / Behaviours – Please provide as much detail as possible, including any effective strategies (Cont'd)**

**Has the young person ever put dangerous objects in their mouth?**

**Any history of causing damage to property?**

**Any absconding (running off) behaviour?**

**Any history of making false allegations?**

**Risk Assessment / Behaviours – Please provide as much detail as possible, including any effective strategies (Cont'd)**

**Any history of fire setting?**

**Any criminal convictions/ongoing court proceedings?**

**Are there any other risks/behaviours of which the school should be aware?**

**Is there any other information about the young person which you feel is relevant?**

## Bedroom & Personal Items

*Young People are welcome to bring their own personal items to Cotswold Chine to help personalise their bedroom and feel at home. These may include posters, pictures, photos, books/magazines/comics, toys, own bedding, rugs, ornaments, games, cuddly toys etc.*

*Certain electrical entertainment items including large games consoles (such as X Boxes and PlayStations), and televisions are not permitted. Items which are permitted include: Handheld Games Consoles (such as Nintendo DS/PSP), IPODS/MP3 players, stereos, radios, mobile telephones (if parental permission is given and without internet access) and portable DVD Players. If you have any questions regarding this policy, or would like to check whether a certain item is allowed please do not hesitate to contact the School.*

*Please note that bedding, curtains, lampshades & rugs will be provided by the school if young people choose not to bring these with them. Young people who wish to purchase items to help personalise their room may do so with staff following the start of their placement. The school also provides all toiletries and towels*

**Are there any items the young person should not have in their room due to previous behavioural concerns (mirror, toiletries)?**

**Does the young person have any bedtime items they like to settle with?**

**Some of the bedrooms at Cotswold Chine are fitted with a sink with hot and cold water - is there a risk of flooding if the young person were allocated a room with a sink?**

**Thank you for taking the time to complete this form.**