

ISL baseline assessment information form



Child Young Person (CYP) name			
CYP Date of Birth			
Does the (CYP) currently have an Educational & Healthcare plan	No	Yes	
Is Pupil Premium or Pupil Premium plus currently in place to support the CYP?	No	Yes	
Is Exceptional Needs Funding (ENF) currently in place to support the CYP?	No	Yes	In progress
	If yes, please provide ENF details:		
CYP current attendance (%)			
Is the CYP attending full time?	No	Yes	
If no, please provide details			
Number of exclusions in the past two terms (include durations of and reasons for exclusions)			

Child Young Person Views:																			
How I feel about School/Setting:										How I feel about my friends:									
10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
☺										☹									
How I feel about learning:										How I feel about me:									
10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
☺										☹									

Adult Views * to be completed by adult(s) working most closely with the CYP										
*How confident are you currently in understanding the strengths and difficulties of the CYP?	10	9	8	7	6	5	4	3	2	1
	High Low									
*How confident are you currently in putting in place reasonable adjustments to meet the needs of the CYP?	10	9	8	7	6	5	4	3	2	1
	High Low									
*How confident are you currently in putting in place targeted intervention to meet the needs of the CYP?	10	9	8	7	6	5	4	3	2	1
	High Low									

Desired outcomes:

Please provide a specific (SMART) outcome that you wish to be achieved

Baseline: On the scale below, select the corresponding value that best represents where the CYP is currently against the desired outcome										
10	9	8	7	6	5	4	3	2	1	
Excellent progress										No progress

Expected: On the scale below, select the corresponding value that best represents where you expect the child to progress to against the desired outcome.										
10	9	8	7	6	5	4	3	2	1	
Excellent progress										No progress

