CONFIDENTIAL

Assessment for any Skills Centre Student with a known difficulty disability or medical condition

Name of student:__**Learner _Z**_____

Date of Birth: ☐☐☐☐☐☐☐

Address:_____

_____

Telephone:_____Email:_____

Care Home Details:_____

_____

Emergency contact name:_____

Emergency contact number:_____

Difficulty, disability or medical condition. Please provide information on nature of the condition: **Down's syndrome**	
Current treatment: **None**	**Allergy:** **Severe allergy to peanuts – results in anaphylaxis an emergency situation requiring immediate attention and treatment with epinephrine**
Medication: **Should have an epinephrine injector but is unable to administer herself.**	**Special food requirement:** **Food must have no contact with nuts**
Behavior issues. Please provide information on any behavior issues, including how often they have occurred in the last two years and what strategies are currently used to address the behavior.	
Self harming.	Verbal abuse including swearing and insulting behaviour. **In times of stress will use inappropriate language to carers and other students – particularly if she feels that she is being ignored.**

Repetitive Behavior / Extreme behaviours that are not within the norm.	Physical abuse to others / Inappropriate physical contact.
None	**Doesn't like physical contact with other people**
Wandering off / Absconding.	Inappropriate sexualised behaviour.
None	**None**

Speech and communication:	
Hearing:	Vision:
No problems	**Wears glasses**

Mobility	
Mobility aids, sitting, standing, walking tolerance, balance, co-ordination	Travelling, method of getting to college:
No problems	**Is bought to school by taxi**

Cognition and comprehension:

Able to understand verbal and written instructions and act upon them

Time and space awareness:

Able to understand time

Safety awareness. Road/personal/general:

Generally good –we are keen for him to start learning Independent Travel

Other
[Please include involvement of health care professionals and their contact details in this section.]

Lives at home with both parents.

Assessed by(print name)

Signature:

Date: /   /