

ISL Baseline Assessment Information Form

Child Young Person (CYP) name:

CYP Date of Birth:

Does the (CYP) currently have an Education, Health and Care plan?

Yes No In progress

Is Pupil Premium or Pupil Premium plus currently in place to support the CYP?

Yes No In progress

Is other funding currently in place to support the CYP?

Yes No In progress

If 'Yes', please provide details:

CYP current overall attendance (%)

Is the CYP attending full time?




Yes No

If 'No', please provide details:

Number of exclusions in the past two terms (include durations of and reasons for exclusions)




Child Young Person Views (where obtainable in this format):

How I feel about School/Setting:



1	2	3	4	5	6	7	8	9	10
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How I feel about my friends:




1	2	3	4	5	6	7	8	9	10
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How I feel about learning:

1	2	3	4	5	6	7	8	9	10
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How I feel about me:

1	2	3	4	5	6	7	8	9	10
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Parent/Carer Views - the home environment

How confident are you **currently** in understanding your child's needs? (10 being 'Very confident' and 1 being 'Not confident at all')

1	2	3	4	5	6	7	8	9	10
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How confident are you **currently** in meeting your child's needs? (10 being 'Very confident' and 1 being 'Not confident at all')

1	2	3	4	5	6	7	8	9	10
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This Section is for Schools/Settings only.

Assess, Plan, Do, Review (APDR):

Where applicable* please demonstrate how you have completed **at least one APDR cycle** **If you have your own school/setting APDR format, please share the evidence instead of completing this section. Please remember that the quality of information shared provides the basis for support/intervention, therefore we would encourage you to use the format below.** *For example, there may not be evidence of an APDR cycle for a CYP new to a School/setting or those with significant sensory needs

<https://www.hertfordshire.gov.uk/microsites/local-offer/media-library/documents/policies-and-procedures/hertfordshire-targeted-services.pdf>

Assess (profile of need)

List recently completed assessments and/or observations and levels attained here. Examples below.

Examples: CYP attainment levels with explanation, IAELD/ Foundation Stage, literacy skills (reading/spelling ages), language skills, social/emotional/behavioural skills (HBQ, ABC) etc. Attach copies as appropriate.

Plan (actions/strategies put into place)

As a result of your concerns and recent assessments, what interventions, strategies and support have been implemented?

Attach copies of IEPs/Provision Maps as appropriate.

Do (the when, how, who by)
e.g. amount of adult support/1:1/out of classroom delivery/support

Review (analysis of the impact)

Successful strategies/interventions

Unsuccessful strategies/interventions