**Hillside School**

**Pupil Profile**



**Class Name**

**2016-2017**

**Pupil Name**

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| Health | |
| Named condition/Main Barriers to Learning/Implications | | | | |
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| Seizures | | | | |
|  | | | | |
| Seizure Plan in Place: | YES  NO | | Medication Booklet in Place: | YES  NO |
| Sensory Profile (include all relevant sensory needs, sensitivities, issues, likes, dislikes etc) | | | | |
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| Family Life |
| People and pets: | |
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| Things I like…… | |
|  | |
| Things I don’t like…… | |
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| Positive Behaviour Support Plan |
| Personal Motivators, Rewards, ‘enthusiasms’, preferred activities: | | |
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| What I need from people who look after me:  (*strategies to support the individual – staffing, environment, type of task, pace of activity, sensory ‘top ups’, comforters etc.*) | | |
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| Triggers/Drivers/things to avoid: | | |
|  | | |
| Description of distressed/challenging behaviours.  I might……. | | Adult action and response to be followed consistently by *all* staff  If I do I need you to…….. |
| Low Level | |  |
| Self-Injurious | |  |
| High Risk | |  |
| Action in the community/outings: | | |
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| Eating and Drinking Profile | |
| ALLERGIES: | | | |
|  | | | |
| General Information: | | | |
|  | | | |
| Eating: | | | |
| Texture and consistency | Likes and dislikes | | Finger foods? |
| Drinking: | | | |
|  | | | |
| Positioning/Seating: | | | |
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| Utensils: | | | |
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| Method/strategies/encouragement/support required: | | | |
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| Communication Profile |
| Communication stage (using ELKLAN framework) | |
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| How I communicate and interact: | |
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| What I need from you to support my communication development and social interaction: | |
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| Moving and handling/special equipment/support needs |
| Personal equipment used: | |
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| Functional movement support: | |
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| Personal care: | |
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| Pool: | |
|  | |
| In the event of a fire: | |
|  | |