

# Educational Support Strategy

## full strategy (example)

- To be used to help record the individual strategy for support for the young person (a blank form is available)
- The individual strategy should sit in the young person's school/college records, with copies given to their parents and healthcare team
- Appropriate strategies will depend on the age and individual needs of the young person. Where appropriate, the young person should be involved in completing their Educational support strategy form
- Not all sections will be relevant at all times

<b>Educational Support Strategy for:</b>		Date:
This strategy should be reviewed and updated at least annually, but preferably each term or whenever the young person's needs change. This should continue throughout the young person's education to account for such changes and any late-effects. Brain tumours and their treatments can cause late [delayed] effects months or even years after the end of treatment.		Date to be reviewed:
Name of young person:	Jake Example	
Age:		
Year group:		
Brain tumour type and grade: (if known)	Anaplastic astrocytoma (grade 3)	

### Educational Support Strategy tick sheet

Section	Subsection	Tick where relevant	Comments
Reduced attendance		✓	
Young person not at school/college			
Cognitive	Attention/concentration	✓	
	Communication difficulties		
	Memory/learning	✓	
	Processing speed	✓	
	Reasoning/problem solving		
	Planning/organisational skills		
Physical	Fatigue	✓	
	Balance		
	Mobility		
	Co-ordination	✓	
	Visual		
	Auditory		
Physiological	Seizures		
	Bowel habits		
	Changes in appearance	✓	
	Pain/peripheral neuropathy		
	Temperature regulation		



Emotional	Mental health/psychological	✓	
	Behaviour/personality changes	✓	
	Social	✓	
Learning checkpoints	Taking exams		
	Transition points		
Medications		✓	
Sibling support			

### *Educational Support Strategy – full strategy*

	A	B
Parent(s)/carer(s):	Mrs Lily Example	Mr Charlie Example
Relationship:	Mother	Father
Contact details:	Mobile Home Work Email	Mobile Home Work Email
Others involved in young persons' care e.g. other family members:	Mrs Ann Example	
Relationship:	Grandmother	
Contact details:	Mobile Home Work Email	
Educational establishment(s) name:	The Primary School	(If relevant) Another School
Address:		
Head teacher(s)/principal(s):	Mrs Vi Principal	Mr Ed Learning
Contact details:	Phone Email	
Class teacher(s)/form tutor(s):	Mr Mat Teacher	
Contact details:	Phone (e.g. School office) Email	
Key worker(s) (education):	Miss LiSA Staff	
Contact details:	Email Phone (e.g. School office)	
SENCO(s):	Mrs SiENna COhort	
Contact details:	Phone Email	
School/college nurse(s):	Mr Luke Nurse	
Contact details:	Phone Email	
School/college pastoral staff:	e.g. N/A	
Contact details:		



Other relevant educational staff:		
Contact details:		
<p><b>It is important to highlight the person within the school/college who:</b></p> <ul style="list-style-type: none"> <li>• takes the lead in supporting the young person</li> <li>• takes responsibility for communication with the hospital and the family</li> <li>• disseminates information to other relevant colleagues in the school/college</li> </ul> <p>These are not necessarily the same person.</p>		
Hospital consultant(s):	Dr Anne Oncologist	Mr Ed Surgeon
Contact details:	Email Mobile Phone (e.g. secretary)	Email Mobile Phone (e.g. secretary)
CNS/Key worker(s) (medical):	Ann Sieness	
Contact details:	Phone Email	
Hospital link worker(s) (if different from above):	e.g. N/A	
Contact details:		
Other relevant healthcare professionals:	e.g. clinical psychologist, neuropsychologist, community/outreach nurse, educational psychologist, occupational therapist, speech and language therapist, physiotherapist	
NB After assessment, a neuropsychologist can diagnose specific cognitive difficulties and make recommendations for educational and behavioural support, liaising with schools and community services.		
NB After assessment, an educational psychologist can recommend one-to-one support in certain subjects, advise teachers on teaching styles and techniques that may help, or refer on to another health professional, such as a speech and language therapist.		
Contact details:		

<b>Planning</b>	
<b>Medical &amp; other reports received by parent(s):</b>	<b>Report type:</b> e.g. medical, neuropsychological, educational psychologist <b>Yes (Date):</b> <b>No:</b> <b>Requested (Date):</b> <b>Seen by:</b> e.g. parent(s), headteacher, class/form teacher, key worker, hospital link worker  <b>Report type:</b> e.g. medical, neuropsychological, educational psychologist <b>Yes (Date):</b> <b>No:</b> <b>Requested (Date):</b> <b>Seen by:</b> e.g. parent(s), headteacher, class/form teacher, key worker, hospital link worker  <b>Report type:</b> e.g. medical, neuropsychological, educational psychologist <b>Yes (Date):</b> <b>No:</b> <b>Requested (Date):</b>



	<b>Seen by:</b> e.g. parent(s), headteacher, class/form teacher, key worker, hospital link worker
<b>Planning meeting</b> between parent, young person (where appropriate), nominated education professional(s), nominated healthcare professional(s) (Give names and roles of those attending):	<b>Yes (Date):</b> <b>No:</b> <b>Requested (Date):</b> e.g. discharge planning meeting, Team Around the Child (TAC) meeting  NB In light of the potentially complex needs of the young person, it is important that education and health work closely together with parents and, where appropriate, the young person.
NB All plans need to be flexible to meet changing needs of young person. This could mean flexibility in the longer-term or, particularly in the first instance, in the shorter-term e.g. within a day or within a lesson	<b>Outcomes (summary):</b>
	<b>Resultant reports/defined processes (and where held):</b>  e.g. EHCP; emergency protocols; notification of communicable illnesses amongst classmates, such as chicken pox
<b>Other school/college staff who need to know details re young person and what they need to know:</b>  NB Young person and/or parents to retain control over what is shared  NB Different staff may need to know different amounts	e.g. school nurse, classroom assistants, lunchtime supervisors, subject teachers (secondary school/college), cover/supply teachers  e.g. background – type of tumour/treatments and effects specific to young person  e.g. planning of lessons to include any additional support/resources needed  e.g. find out what language the parents have used so it keeps things consistent with at home

<b>Training required:</b>  NB Need clear guidelines about who will deliver training; timescales; how many staff; paperwork required; legal requirements.	<b>Details:</b>  e.g. administering of medications; care of PICC lines/NG tubes; feeding using NG tubes; management of seizures; lifting/handling; personal care; talk re young person's individual case given by CNS (with parents'/young person's permission); counselling for staff  <b>Source(s) of training:</b>          <b>Funding for training:</b>
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<p><b>What will be told/NOT told to classmates (and any siblings' classmates):</b></p> <p>NB Young person and/or parents to retain control over what is shared.</p>	<p><b>Details:</b></p> <p>To include timescales, who will deliver the information and how e.g. healthcare professional comes in to give a talk; PSHE lesson; if appropriate, young person could give a talk about their condition; use of social media</p> <p>To be aware of possible consequences – may be positive, could be negative (e.g. bullying) – and have contingency plans.</p>
<p><b>Communication between home and school/college:</b></p> <p>NB This is extremely important as it forms the basis for cohesive, seamless support for the young person.</p>	<p><b>Procedure (to include process, frequency, in emergency):</b></p> <p>e.g. two-way process via homework diary/logbook/notebook – filled in daily by both teacher and/or key worker and by parent/carer; ensure communications/letters are sent home even if young person is not attending school/college, or is attending part-time</p>

<p><b>Reduced attendance</b></p>	
<p><b>Time off for hospital appointments</b></p>	<p><b>Agreed notification and recording procedure:</b></p> <p>e.g. parents only have to write brief letter about time off, or give list of appointments, rather than filling in long form each time young person is absent; requires development of trust</p>
	<p><b>Process to allow catch-up:</b></p> <p>e.g. 1:1 support; work sent home or via school/college intranet</p>
<p><b>Young person not at school/college</b></p>	
<p><b>Maintenance of contact:</b></p>	<p><b>Educational</b></p>
	<p><b>Strategies:</b></p> <p>e.g. teacher to visit young person; reduced work sent home or via school/college intranet; home tutoring</p>
	<p><b>Social</b></p>
	<p><b>Strategies:</b></p> <p>e.g. small groups of friends to visit young person; video/audio messages to and from young person; recording of key assemblies/events; young person blogs on school/college intranet</p>
<p><b>Transition back to school/college:</b></p>	
<p><b>Phasing of return:</b></p>	<p><b>Details:</b></p> <p>e.g. 3 mornings/week for first 2 weeks, then 5 mornings/week for 2 weeks, then.....; to include social times i.e. play times/breaks/lunchtime</p> <p>if appropriate, consider repeating a year/reintroducing young person into the year below (needs to be handled sensitively); if appropriate, consider moving to smaller school (NB maintain contact with friends from old school)</p>
<p><b>Flexible timetable:</b></p>	<p><b>Details:</b></p> <p>e.g. more important lessons timetabled for when young person is in school/college</p>
<p><b>Social aspects:</b></p>	<p><b>Details:</b></p> <p>e.g. practise for a play is timetabled for when young person is in school/college</p>



<b>Symptoms/areas requiring support:</b>	<p>NB Many of these may be 'invisible'  This section should be approached as a means of identifying any barriers to learning and to the responsibility of the school/college for developing strategies, rather than a negative labelling of the young person. With older children, it is important to involve them in decision-making about strategies.</p>		
<b>Cognitive</b>	<b>Cognitive – attention/concentration</b>	<b>Yes</b>	<b>No</b>
<p>NB Lack of attention/concentration is not evidence of young person's lack of motivation or poor attitude.</p> <p>NB Can be affected by fatigue.</p>	<p><b>Details:</b>  e.g. young person is easily distracted; may start tasks but not finish them; difficulty in concentrating in noisy or busy environments</p>		
	<p><b>Strategies:</b>  e.g. tasks broken down into small, manageable chunks; set goals/targets and give rewards when these are reached; young person able to work in quiet area and/or with smaller group; allow young person to be doing something with their hands, such as roll a piece of clay or doodle, as this can help with concentration; give opportunities to move round e.g. collect papers, take a message to the office; coming in early from play to give time to settle down and focus; quiet area with pillows and books where can go if things get too much</p>		
	<b>Cognitive – communication difficulties</b>	<b>Yes</b>	<b>No</b>
	<p><b>(including language production [speech] and language comprehension)</b></p>		
<p>NB Can be affected by visual difficulties.</p>	<p><b>Details:</b>  e.g. words may come out in the wrong order, or wrong word used; may have difficulty understanding what has been said or written; may mispronounce words; difficulty reading, writing and/or speaking; difficulty knowing when to talk and when to listen in a conversation</p>		
	<p><b>Strategies:</b>  e.g. instructions need to be short and concise, and repeated; give one point at a time; use other forms of communication e.g. mime, gesture, writing, drawing; create relaxed atmosphere; reduce background noise; give young person extra time to respond – don't interrupt or fill in words</p>		
	<b>Cognitive – memory /learning</b>	<b>Yes</b>	<b>No</b>
	<p><b>('executive functions')</b></p>		
<p>NB Issues with working memory can be confused with attentional difficulties.</p> <p>NB Is linked to 'executive functions' below.</p>	<p><b>Details:</b>  e.g. difficulty following multi-step instructions; difficulty re-telling something they have just read; may give up on tasks; difficulty performing mental arithmetic or spelling; may be reserved in group activities or social situations; may forget information learnt prior to illness</p>		
	<p><b>Strategies:</b>  e.g. <u>repeat instructions/important information</u>; give instructions in single steps; write down instructions; break down tasks into small, manageable chunks; memory games; memory aids, such as personalised dictionary, wall charts, calculator, mind maps; reduce distractions; rehearse important information; use mobile phone to take photos of the day; encourage young person to ask for help</p>		
	<b>Cognitive – processing speed</b>	<b>Yes</b>	<b>No</b>
<p>NB Slow processing speed is not linked to intelligence.</p> <p>NB It can relate to visual (written) and/or spoken information.</p> <p>NB Is linked to 'executive functions' below.</p>	<p><b>Details:</b>  e.g. takes long time to read/perform tasks/complete homework; difficulty following multi-step tasks; difficulty making quick decisions; difficulty getting started on a task; difficulty staying focussed; difficulty monitoring how they are doing; difficulty keeping up with conversations</p>		
	<p><b>Strategies:</b>  e.g. additional time to understand and respond; give instructions in single steps; give written or audio instructions; give time to read things more than once; practise tasks; make list of what is required for a task/ give outline of lesson or notes; stick to routines; extra time for exams; allow young person to ask questions/email questions after lesson</p>		



	<b>Cognitive – reasoning/problem solving</b> <b>Yes</b> <b>No</b> (‘executive functions’)
NB Executive functions continue to develop into early adulthood.  NB Can be late effect of endocrine issues.	<b>Details:</b>  e.g. difficulty applying previous learning to solve problems; difficulty analysing ideas and tasks – working out what needs to be done/ how much time is needed; sticks with a plan even when it isn’t working; difficulty making decisions; may appear impulsive; may overreact
	<b>Strategies:</b>  e.g. use step-by-step approach to tasks; explain reasons for changing course on a task; talk through potential scenarios and what to do in each case; regularly prompt young person to evaluate progress
	<b>Cognitive – planning/organisational skills</b> <b>Yes</b> <b>No</b> (‘executive functions’)
	<b>Details:</b>  e.g. difficulty organising their day; difficulty starting a task; difficulty planning what needs to be done when; difficulty keeping time; difficulty multi-tasking; often losing/misplacing things; difficulty telling a story in a sequential manner
	<b>Strategies:</b>  e.g. make checklists, including time estimate for each step; use planners and calendars (including apps on mobile phones) and other visual tools; break tasks into small, manageable chunks; regular reviews – young person with teacher/tutor, and teacher/tutor with parents
<b>Physical</b>	<b>Physical – fatigue</b> <b>Yes</b> <b>No</b>
	<b>Details:</b>  e.g. easily fatigued, especially in afternoons or after strenuous or lengthy activities – recovery time is days not hours
	<b>Strategies:</b>  e.g. part-time attendance; key worker within school/college that young person can go to if struggling, plus back-up plan if person not available; designated place in school/college where young person can go to rest; young person allowed to step out of classes when feel the need; reduced homework; missing non-vital assemblies; 1:1 time with teacher to catch up; coming in early from play to conserve energy
	<b>Physical – balance</b> <b>Yes</b> <b>No</b>
	<b>Details:</b>  e.g. unstable when walking; unstable when undertaking more complex movements, such as during PE
	<b>Strategies:</b>  e.g. use of sticks; being allowed to change lessons 5 mins before rest of school; use of buddy or assistant/key worker to aid during PE; give time to stand and balance before moving



	<b>Physical – mobility</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b>  e.g. moving round the school, particularly between lessons & how they carry their belonging; issue of lessons on different floor; moving round the classroom; taking part in PE lessons; going to the toilet; how to evacuate young person in an emergency		
	<b>Strategies:</b>  e.g. being allowed to change lessons 5 mins before rest of school; rearranging timetable so relevant lessons are on ground floor; someone to help carry heavy bags; buddying system; agreed emergency evacuation procedure		
	<b>Physical – co-ordination</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b>  e.g. writing difficulties, difficulties getting dressed		
	<b>Strategies:</b>  e.g. may be able to type onto laptop; recording ideas and work onto a voice recorder; using an adult scribe; allow to leave early from PE lesson (and lesson before) to get changed; simplify tasks and allow young person to learn each step separately before combining		
	<b>Physical – visual</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b>  e.g. partial vision; visual field impairment; uncontrolled eye movements; blindness		
	<b>Strategies:</b>  e.g. sit young person in best place to see teacher/board; use of laptop with larger font or text reader plus earphones; handouts printed in larger font (at least 14 point Arial) and have electronic version; high contrast and clear; avoid glossy paper, italics, underlining and all capital letters; lots of white space (see RNIB guidelines, tips and resources)		
	<b>Physical – auditory</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b>  e.g. deafness in one ear; difficulty hearing when lots of background noise; can't tolerate loud noises		
	<b>Strategies:</b>  e.g. smaller class sizes; place to go at break and lunch with small group of friends away from crowds; leave lessons early to change classes; provide ear plugs; close windows & doors to reduce external noise; quiet area to go to, with pillows and books, whenever things get too much		
<b>Physiological</b>	<b>Physiological – seizures</b>	<b>Yes</b>	<b>No</b>
NB Generalised tonic-clonic ('grandmal') seizures (where the person becomes unconscious and convulses) are <u>rarely</u> associated with brain tumours.	<b>Details:</b>  e.g. 'absences'; twitching muscles; making strange noises; temporary impairment of consciousness with visual or auditory hallucinations; loss of consciousness and convulsing		
NB In the event of a seizure, do not leave the young person alone.	<b>Strategies:</b>  e.g. agreed written procedure, to include separate, private area where young person can go if they feel a seizure coming on; information about any rescue (emergency) medication and when it should, and should not, be given; someone to remain with them and provide reassurance; if relevant, remove nearby objects to prevent injury; time the seizure; if seizure lasts more than 5 minutes call an ambulance; inform parents/carers; is the young person on the ketogenic diet		





	<b>Physiological – bowel habits</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b> e.g. chemo can cause diarrhoea or constipation		
	<b>Strategies:</b> e.g. giving young person easy access to toilets, such as a 'pass' for the toilet, or agreed phrase to leave the room immediately; access to separate, more private toilet, such as staff toilet, where they will not be overheard by other pupils; keep spare change of clothes at school/college; eat good, balanced diet at home and at school/college		
	<b>Physiological – changes in appearance</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b> e.g. changes in appearance (scars, loss of hair); weight loss or gain due to treatments; delayed puberty making body different to peers; PICC or Hickman line (tubes for delivering chemotherapy drugs that stay in place during the course of treatment); visible bump on head from Ommaya reservoir or shunt (devices for removing excess fluid in the brain)		
	<b>Strategies:</b> e.g. relaxed policy on wearing hats/scarves etc; option for privacy in changing rooms; pupils and staff to be aware and take extra care that PICC/Hickman line is not knocked or pulled; first aid training for emergency situations if relevant (including what constitutes an emergency for the individual young person)		
	<b>Physiological – endocrine issues</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b> e.g. hormonal imbalances due to effect on hypothalamus and/or pituitary gland; can lead to hypothalamic obesity/hungry all the time; reduced growth; delayed puberty; need to take medication		
	<b>Strategies:</b> e.g. consultation with a nutritionist/dietitian; 7/8 small meals rather than 3 larger meals; lock food away; kitchen staff aware of controlled portion size; buddy to go with young person when being given/taking medication		
	<b>Physiological – pain/peripheral neuropathy</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b> e.g. treatments can cause nerve damage in hands and feet; headaches		
	<b>Strategies:</b> e.g. allow young person to move around if this helps; allow young person to remove shoes; soak hands/feet in cool water; medication; separate area in which to relax		
	<b>Physiological – temperature regulation</b>	<b>Yes</b>	<b>No</b>
	<b>Details:</b> e.g. difficulty regulating temperature; cold intolerance		
	<b>Strategies:</b> e.g. allow young person to remain indoors during cold weather; modify school uniform policy; be aware and open/close windows as appropriate; sit young person away from windows		



<b>Emotional</b>	<b>Emotional – mental health/psychological</b>	<b>Yes</b>	<b>No</b>
	<p><b>Details:</b></p> <p>e.g. anxiety, 'scanxiety' (anxiousness in the run up to receiving scan results), depression  e.g. loss of confidence/self-esteem due to changes in appearance (scars, hair loss, weight gain due to steroids); lack of independence; loss of status; loss of friends; bullying</p> <p>e.g. young person may not like being referred to as 'having special needs' or being 'disabled', as they do not see themselves that way</p>		
	<p><b>Strategies:</b></p> <p>e.g. regular sessions with pastoral care/counsellor – consider inviting parents for emotional support</p> <p>e.g. staff informed of relevant language; regular sessions with pastoral care/counsellor; amend policy re. wearing of hats, scarves etc</p>		
	<b>Emotional – behaviour /personality changes</b>	<b>Yes</b>	<b>No</b>
	<p><b>Details:</b></p> <p>e.g. irritability/aggression; disinhibition; apathy; mood swings; difficulty identifying emotions in others; reduced voice control leading to shouting</p>		
	<p><b>Strategies:</b></p> <p>e.g. maintain calm environment; separate area where young person can go to cool off; identify triggers and try to avoid them; regular sessions with pastoral care/counsellor</p>		
	<b>Emotional – social</b>	<b>Yes</b>	<b>No</b>
	<p><b>Details:</b></p> <p>e.g. isolation from friends; bullying; young person more mature than peers (due to what they have experienced), making interaction with peers harder, and may prefer talking to adults; regular reviews (teacher/tutor with parents) to understand behaviour/personality change – highlight any changes, look at possible causes/triggers and how best to manage</p>		
	<p><b>Strategies:</b></p> <p>e.g. supportive play/social interaction to ensure integration with peers; arrangements made to ensure young person can take part in PE, extra-curricular activities, trips away</p>		

<b>Learning checkpoints</b>	<b>Learning checkpoints – taking exams</b>	<b>Yes</b>	<b>No</b>
	<p><b>Details:</b></p> <p>e.g. SATS, GCSEs, A/AS-levels, where relevant (other UK nations' exams)</p>		
	<p><b>Strategies:</b></p> <p>e.g. extra time; use of scribe; use of laptop; taking the exam in a separate room or at home/hospital; rest breaks; taking exam when least tired in the day; apply for 'special consideration' for young person; be open to other areas of learning – don't just focus on English &amp; Maths</p>		



	<b>Learning checkpoints – transition points</b>	Yes	No
	<p><b>Details:</b></p> <p>e.g. between classes, between schools, between school and college</p> <p>e.g. young people have hopes and dreams for what they want to go on and do, but may feel this is now not possible; may also experience lower expectations from those around them</p>		
	<p><b>Strategies:</b></p> <p>e.g. informing new teachers, school, support staff of young person's needs – as much information as possible, with parent's/young person's permission; reviewing this strategy with them; arranging visit by young person to new teachers/class/school/college well in advance; ask questions about new school/college/workplace about learning support capabilities and how they would apply; consider repeating a year/re-joining in the year below; consider applying for an EHC (Education, Health &amp; Care) assessment, if you think the young person needs an EHC plan (EHC plans have replaced Statements of Special Educational Need, in England and Wales)</p> <p>e.g. focus on strengths (what you can do, rather than what you can't do); counselling for young person; ensure those involved in care and advice-giving (e.g. careers advisor) are aware of disability legislation, relevant adaptations, funding, courses etc which may help (if relevant); arrange relevant work experience; use The Brain Tumour Charity Employment resources (due 2017)</p>		

<b>Medications</b>	<b>Medications required:</b>
<p>NB School/college must have written permission from the parents/carers and head teacher/principal for the administration of any medication (by a member of staff or self-administered by the young person).</p> <p>NB Keep a separate log of drugs administered.</p>	<p><b>Name &amp; type of drug:</b> e.g. temozolomide (chemotherapy)</p> <p><b>Method of delivery:</b> e.g. oral – tablet; oral – liquid; injection; topical; before/with/after food</p> <p><b>Dosage:</b></p> <p><b>Frequency:</b> e.g. 2x/day</p> <p><b>Person (and role) responsible for administering drug:</b> e.g. school nurse, trained key worker, young person themselves</p> <p><b>Training received (nature &amp; date of training):</b></p>
	<p><b>Name &amp; type of drug:</b> e.g. pregabalin (Lyrica®) – anti-epileptic drug</p> <p><b>Method of delivery:</b> e.g. oral – tablet; oral – liquid; injection; topical; before/with/after food</p> <p><b>Dosage:</b></p> <p><b>Frequency:</b> e.g. 1x/day</p> <p><b>Person (and role) responsible for administering drug:</b> e.g. school nurse, trained key worker, young person themselves</p> <p><b>Training received (nature &amp; date of training):</b></p>
	<p><b>Emergency medication protocol:</b></p> <p>What constitutes a medication emergency:</p> <p>Procedure:</p>



<b>Funding available</b>	<b>Relevant funding streams:</b>
NB All schools are provided with funding to meet the first £6,000 of SEN provision over the course of a year as part of their school budget (England only).	<b>Name:</b> e.g. IPRA (Individual Pupil Resourcing Agreement) or High Needs Funding <b>Covers:</b> <b>Applied for (date):</b> <b>Received (date):</b>  IPRA – an agreement between a mainstream school or academy and the Local Authority which ensures that schools have sufficient resources to meet the needs of a pupil with High Needs (defined as requiring in excess of £6,000 additional to and different from support). An IPRA is a way of providing timely additional resources to schools to support an individual pupil's needs without having to carry out a statutory assessment and then issue an Education, Health and Care (EHC) Plan.
	<b>Name:</b> <b>Covers:</b> <b>Applied for (date):</b> <b>Received (date):</b>

<b>Siblings support</b>	<b>Plans (for each sibling):</b>		
NB If siblings attend same school/college. If not attending same school/college, give relevant contact details in their educational establishment.			
	<b>Plan/strategy:</b>		
	<b>Plan/strategy:</b>		
	<b>Plan/strategy:</b>		
<b>Signatures</b>	<b>Include printed name and (where appropriate) role</b>		<b>Date:</b>
Young person: (where appropriate)			
Parent(s)/carer(s):			
Headteacher/principal(s):			
Educational key worker(s):			
Other relevant educational staff:			
Healthcare professional(s):			
Other relevant healthcare professionals:			

