

Educational Support Strategy   
full strategy (individual)

* To be used to record the individual strategy for support for the young person (An example form is available to help complete this form. Where appropriate, the young person should be involved in completing this form)
* It 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
* Not all sections will be relevant at all times
* Use the tick sheet below at each review to see which sections are currently in use and to highlight which need to be in use going forward
* Strike through or leave blank any non-relevant sections

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| Educational Support Strategy for: 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: |
| Date to be reviewed: |
| Name of young person: |  | |
| Age: |  | |
| Year group: |  | |
| Brain tumour type and grade:  (if known) |  | |

# Educational Support Strategy tick sheet

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| 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 |  |  |  |

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| Educational Support Strategy – full strategy | | | |
|  | A | B | |
| Parent(s)/carer(s): |  |  | |
| Relationship: |  |  | |
| Contact details: |  |  | |
| Others involved in young persons’ care  e.g. other family members: |  |  | |
| Relationship: |  |  | |
| Contact details: |  |  | |
| Educational establishment(s) name: |  |  | |
| Address: |  |  | |
| Head teacher(s)/principal(s): |  |  | |
| Contact details: |  |  | |
| Class teacher(s)/form tutor(s): |  |  | |
| Contact details: |  |  | |
| Key worker(s) (education): |  |  | |
| Contact details: |  |  | |
| SENCO(s): |  |  | |
| Contact details: |  |  | |
| School/college nurse(s): |  |  | |
| Contact details: |  |  | |
| School/college pastoral staff: |  |  | |
| Contact details: |  |  | |
| Other relevant educational staff: |  |  | |
| Contact details: |  |  | |
| It is important to highlight the person within the school/college who:  * takes the lead in supporting the young person * takes responsibility for communication with the hospital and the family * disseminates information to other relevant colleagues in the school/college   These are not necessarily the same person. | | | |
| Hospital consultant(s): |  |  | |
| Contact details: |  |  | |
| CNS/Key worker(s) (medical): |  |  | |
| Contact details: |  |  | |
| Hospital link worker(s)  (if different from above): |  |  | |
| 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: |  | |  |

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| Planning |  |
| **Medical & other reports** received by parent(s): | Report type:  Yes (Date): No: Requested (Date):  Seen by:  Report type:  Yes (Date): No: Requested (Date):  Seen by:  Report type:  Yes (Date): No: Requested (Date):  Seen by: |
| Planning meeting  between parent, young person (where appropriate), nominated education professional(s), nominated healthcare professional(s)  (Give names and roles of those attending): | Yes (Date): No: Requested (Date): |
| 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 | Outcomes (summary): |
|  | Resultant reports/defined processes (and where held): |
| Other school/college staff who need to know details re young person and what they need to know:  **NB Young person and/or parents to retain control over what is shared**  NB Different staff may need to know different amounts |  |

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| **Training required**:  NB Need clear guidelines about who will deliver training, timescales, how many staff, paperwork required, legal requirements | Details:  Source(s) of training:  Funding for training: |
| What will be told/NOT told to classmates (and any siblings’ classmates): NB Young person and/or parents to retain control over what is shared. | Details: |
| Communication between home and school/college: NB This is extremely important as  it forms the basis for cohesive, seamless support for the young person. | Procedure (to include process, frequency, in emergency): |

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| Reduced attendance |  |
| Time off for hospital appointments | Agreed notification and recording procedure: |
|  | Process to allow catch-up: |
| Young person not at school/college |  |
| Maintenance of contact: | Educational |
|  | Strategies: |
|  | Social |
|  | Strategies: |
| Transition back to school/college: |  |
| Phasing of return: | Details: |
| Flexible timetable: | Details: |
| Social aspects: | Details: |

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| Symptoms/areas requiring support: | 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. |
| Cognitive | Cognitive – attention/concentration Yes No |
| NB Lack of attention/concentration is not evidence of young person’s lack of motivation or poor attitude.  NB Can be affected by fatigue. | Details: |
|  | Strategies: |
|  | Cognitive – communication difficulties Yes No (including language production [speech] and language comprehension) |
| NB Can be affected by visual difficulties. | Details: |
|  | Strategies: |
|  | Cognitive – memory /learning Yes No (‘executive functions’) |
| NB Issues with working memory can be confused with attentional difficulties.  NB Is linked to ‘executive functions’ below. | Details: |
|  | Strategies: |
|  | **Cognitive – processing speed** Yes No |
| NB Slow processing speed is not linked to intelligence.  NB It can relate to visual (written) and/or spoken information.  NB Is linked to ‘executive functions’ below. | Details: |
|  | Strategies: |
|  | Cognitive – reasoning/problem solving Yes No  (‘executive functions’) |
| NB Executive functions continue to develop into early adulthood.  NB Can be late effect of endocrine issues. | Details: |
|  | Strategies: |
|  | Cognitive – planning/organisational skills Yes No (‘executive functions’) |
|  | Details: |
|  | Strategies: |
| Physical | Physical – fatigue Yes No |
|  | Details: |
|  | Strategies: |
|  | Physical – balance Yes No |
|  | Details: |
|  | Strategies: |
|  | Physical – mobility Yes No |
|  | Details: |
|  | Strategies: |
|  | Physical – co-ordination Yes No |
|  | Details: |
|  | Strategies: |
|  | Physical – visual Yes No |
|  | Details: |
|  | Strategies: |
|  | Physical – auditory Yes No |
|  | Details: |
|  | Strategies: |
| Physiological | Physiological – seizures Yes No |
| NB Generalised tonic-clonic (’grandmal’) seizures (where the person becomes unconscious and convulses) are rarely associated with brain tumours. | Details: |
| NB In the event of a seizure, do not leave the young person alone. | Strategies: |
|  | Physiological – bowel habits Yes No |
|  | Details: |
|  | Strategies: |
|  | Physiological – changes in appearance Yes No |
|  | Details: |
|  | Strategies: |
|  | Physiological – endocrine issues Yes No |
|  | Details: |
|  | Strategies: |
|  | Physiological – pain/peripheral neuropathy Yes No |
|  | Details: |
|  | Strategies: |
|  | Physiological – temperature regulation Yes No |
|  | Details: |
|  | Strategies: |

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| Emotional | Emotional – mental health/psychological Yes No |
|  | Details: |
|  | Strategies: |
|  | Emotional – behaviour /personality changes Yes No |
|  | Details: |
|  | Strategies: |
|  | Emotional – social Yes No |
|  | Details: |
|  | Strategies: |
| Learning checkpoints | Learning checkpoints – taking exams Yes No |
|  | Details: |
|  | Strategies: |
|  | **Learning checkpoints – transition points** Yes No |
|  | Details: |
|  | Strategies: |

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| Medications | Medications required: |
| 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).  NB Keep a separate log of drugs administered. | Name & type of drug:  Method of delivery:  Dosage:  Frequency:    Person (and role) responsible for administering drug:  Training received (nature & date of training): |
|  | Name & type of drug:  Method of delivery:  Dosage:  Frequency:  Person (and role) responsible for administering drug:  Training received (nature & date of training): |
|  | Emergency medication protocol: |
|  | What constitutes a medication emergency:  Procedure: |
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| Funding available | Relevant funding streams: |
| 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). | Name:  Covers:  Applied for (date):  Received (date): |
|  | Name:  Covers:  Applied for (date):  Received (date): |

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| Siblings support NB If siblings attend same school/college. If not attending same school/college, give relevant contact details in their educational establishment). | Plans (for each sibling): | | |
|  | Plan/strategy: | | |
|  | Plan/strategy: | | |
|  | Plan/strategy: | | |
| Signatures | Include printed name and (where appropriate) role | | Date: |
| 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: |  |  |  |