



# **THE BROOK SPECIAL PRIMARY SCHOOL**

**This is the  
Child and Family Profile  
For**

.....

**(D.O.B.            )**

**Year of entry: Sept 20**

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## 1. Introduction:

The Child and Family Profile is a questionnaire developed by The Brook School and the group of support professionals in order to gather the relevant information needed when the pupil first starts at the school. It is set out in such a way as to emphasize the child as a person in their own right, with their own wants and needs and a member of the community.

Many of our pupils' parents may be refugees or asylum seekers. They may have recently arrived in the country. This meeting may be the first opportunity for positive contact with the bureaucratic process since arriving in Britain and parents may be suspicious of questions relating to their status here. It is therefore vital that these issues are dealt with sensitively, and that it is made clear from the start that the school welcomes refugees and will be supportive towards any problems they may be facing.

The legal definitions for asylum seekers and refugees, as defined by the UN High Commissioner for Refugees, are:

- A person with refugee status is defined as someone who has fled from his/her home country or is unable to return to it owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular group or political opinion.
- An asylum seeker is someone who has crossed an international border in search of safety, and refugee status, in another country. In Britain, asylum seekers are people who are awaiting a Home Office decision as to whether they can remain.

*(taken from "Refugees in the classroom: Jill Rutter (1994),  
Refugee Council, Trentham Books)*

The questionnaire is filled in during an informal interview with the parents/ carers of the pupil, and includes information needed by the whole multi-professional team (teachers, therapists, medical staff, and others working with the child in school). It can be filled completed by any professional at school.

The questionnaire is set out to proceed from general information on to detailed information, to get an understanding of the child's home and social environment as well as an understanding of their skills within the context of their environment.

The questionnaire consists of general, open-ended questions to encourage parents to give a ***description of their child in their own words.***

## 2. Aims

- To gather information from the child's parents/ carers to establish a profile of the child's current level of skills as a baseline for school.
- To inform parents about the school and what the school aims to offer.

### **3. Procedure**

- ❑ Prior to joining or shortly after joining the school a Child and Family Profile will be completed.
- ❑ Prior to the interview, any known information about the child, (in particular the medical information section and the cover sheet) should be filled in by the professionals at school. This allows us to collate information together, reduce the time taken to collect the information and reduces repetition of information by the parents. After the interview, all the information on the questionnaire has been completed, it is then copied to all professionals involved.
- ❑ As one of the aims of the parent interview is to give information to the parents/ carers about the school and how the school curriculum responds to a child's individual needs. It is useful to explain the purpose of the questionnaire, and why we are asking certain questions.
- ❑ There is no need to ask all questions, and prompts (which may be used to elicit specific information), but rather fill in the information during the interview. It is important to be sensitive to the parent's needs, and follow their lead, giving the questionnaire the feel of an open discussion rather than a rigid and close interview.
- ❑ The interview with parents should take no more than 1 to 1 1/2 hours.

## 4. Child and Family Profile

### 4.1. General data

Date record commenced .....

Information gathered from:  
(Name and role)

	Date
School.....	.....
O.T. ....	.....
SLT .....	.....
School Nurse ..	.....
Physiotherapist .....	.....
Social Worker .....	.....
Other .....	.....

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### 4.2. Child Profile

Name of child ..... male/female.....

Address .....  
..... postcode.....

Ethnic origin ..... Main language spoken at home.....

Religion..... Nationality.....

Preferred hand.....

Diagnosis.....

Comments/observations.....

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Name of G.P. .... Tel.....

Address .....  
..... Postcode .....

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**5. Family History**

**Legal status (delete as appropriate)**

Resident      asylum seeker      refugee      other (please state).....

Are there any problems other than at school with which you would like help? (related to housing, access to special equip, benefits advice, on-going immigration problems, racial harrasment, info on community services)

**5.1. Family profile**

Mother's name.....

Father's name .....

Employment .....  
(p/time or f/time)

Employment .....  
(p/time or f/time)

general health .....

general health.....

amount of contact with child.  
.....  
.....

amount of contact with child.  
.....  
.....

Name of parent or guardian (if different from above)

..... Telephone No.  
Daytime.....  
Address..... Emergency.....  
.....  
.....postcode..... e-mail.....

Are there any other forms of care provided for your child? (who, where and how often)  
.....  
.....

**5.2. Background information**

**A brief description of the child**

What kind of person is your child? (e.g. happy, quiet, do they like a lot of attention, do they like to be alone?)

What does your child like to do at home? (Do they play, watch TV, videos, etc.)

**Brothers and sisters**

<b>Name</b>	<b>M/F</b>	<b>Age</b>	<b>Lives at home</b>	<b>Any disability</b>	<b>Amount of contact they have with sibling</b>

**Any others living in the family home**  
(wholly or partly)

**5.3. Routines and Activities**

What happens during school holidays?

<b>Time</b>	<b>Description of the activities</b>

**What happens on the average weekday?** (from the time they get up until they go to bed)

Time	Description of activity
<b>AM</b>	
<b>PM</b>	

**What does your child do at the weekend?**  
(Who is caring for your child during the weekend?)

**Saturday**

Time	Description of the activities

**Sunday**

Time	Description of the activities

## **6. Medical Information**

<p>Does your child have a specific diagnosis?</p>	
<p>what was the date of your child's most recent medical?</p>	
<p>How would you describe your child's Health? <i>(excellent, good, average, poor, etc.)</i></p>	
<p>Has there ever been any suggestion or Investigation of neurological problems With your child?  <i>fainting, blackouts, paralysis, etc.</i></p>	
<p>Does your child have any heart or circulation problems?  <i>blood pressure, heart murmur, blood disorders, etc</i></p>	
<p>Does your child have problems with their breathing and/or respiratory system? <i>(asthma, difficulty breathing, chest infections)</i></p>	
<p>Does your child have problems with their digestive system? <i>(Problems, swallowing, chewing, stomach pains, vomiting, constipation, diarrhoea, etc.)</i></p> <p>Does your child have problems with reflux? Are they on medication?</p> <p>Does your child take medication to stop dribbling or saliva production? e.g. patches</p> <p>Does your child have any problems with their genitals or urinary system?  <i>Passing urine, tenderness, infections frequent masturbation, etc.</i></p>	

<p>Do you or have you ever had any concerns about your child's eyesight?</p> <p><i>Do they have difficulty seeing?</i>  <i>Do they wear glasses?</i>  <i>Bump into things when walking?</i></p>	
<p>Do you have or have you ever had any concerns about your child's hearing?</p> <p>Does your child or have they ever suffered;</p> <p style="padding-left: 40px;">glue ear?  Recurrent ear infections?</p> <p><i>Responds to own name?</i>  <i>Startle to loud or novel sounds?</i></p>	
<p>Does your child have diabetes, thyroid problems or any problems with their endocrine system?</p>	
<p>Does your child have any skin conditions or allergies?</p> <p><i>rashes, infections, irritations, acne, etc.-</i>  <i>allergies: nut, milk, fish, wheat, gluten, etc</i></p>	
<p>How mobile is your child at home?</p> <p><i>walks independently</i>  <i>supports their own weight when standing</i>  <i>can they sit unsupported</i>  <i>can roll over</i></p>	
<p>Does your child have any problems with their bones or muscles</p> <p><i>tremor, jerking, paralysis, broken bones, dislocations, etc.</i></p>	

## 6.1. History of seizures

Does your child have history of seizures?

<p>If <b>YES</b> what do the seizures look like?</p> <p><i>how severe are they, do they result in accident or injury, does your child need to go to hospital?</i></p> <p><i>How often do they happen?</i></p> <p><i>When was the last one?</i></p>	
<p>What are the effects of the seizure?</p> <p><i>Is your child disorientated?</i></p> <p><i>Do they need to sleep, how long for?</i></p> <p><i>Do they lose some of their usual skills or abilities?</i></p> <p><i>Does it affect their behaviour?</i></p>	
<p>Are there any signals that a seizure is about to happen?</p>	
<p>Can the seizures be interrupted in any way?</p>	
<p>Are the seizures controlled, how ?</p>	
<p>If <b>NO</b> are there times when it is difficult to get their attention?</p> <p><i>absences or 'staring' spells?</i></p> <p><i>Do they gaze into space and it is difficult to get their attention?</i></p>	
<p>Does your child explode for no apparent reason and appear out of control?</p>	

**6.2. Current medication** (If any)

<b>Name of Medication</b>	<b>Dosage</b>	<b>when administered</b>	<b>Date started</b>	<b>Reason for medication</b>

<p>Who prescribes the medication?</p>	
<p>Does the medication have any effects on your child other than controlling the seizures?</p>	

### **6.3. Other professionals**

Are there any other professionals your child presently sees?

<b>Name</b>	<b>Title and role</b>	<b>How long have they worked with your child</b>

Which professionals have previously worked with your child?

<b>Name</b>	<b>Title and role</b>	<b>How long have they worked with your child</b>

## **7. Personal and social development**

<b><u>7.1. Eating and drinking</u></b>	<b>If tube fed go on to next section</b>
Is your child able to eat or are they tube fed?	
Does your child eat independently? <i>(What utensils? Fingers, spoon, etc?)</i>	
Please describe how your child sits when eating or drinking?	
Can you describe how your child drinks? <i>(what container? bottle, cup, beaker etc. Do they need thickener? If yes what consistency?)</i>	
What kind of food do they like?	
What consistency of food does your child manage? <i>(Mash, chopped, puree, thickener etc)</i>	
Does your child finish his/her meals?	
Does your child cough, gag, vomit or get upset during or around mealtimes?	
Does your child need or are they Currently taking any supplements?	
Has your child ever had an assessment of their eating and drinking? e.g. a videofluoroscopy	

**7.2. Dressing skills**

Does your child need help to undress?

Does your child need help to dress?

How do they undress?

*(Position, recognize clothes, attempting to put on or remove their clothes? Jumper, trousers, skirt, vest, underpants, socks, and shoes) Manage buttons, laces and zips?*

How do they dress?

What help do they need?

**7.3. Shower/bath skills**

Does your child need help to shower/bath?

*(Position, equipment, attempting to help, know the task)*

Does your child express discomfort during face washing, hair washing, fingernail cutting? Describe this?

**7.4. Teeth brushing skills**

Does your child need help brush their teeth? If so, how?

*(Do they know the task, attempts to hold his/her brush, apply toothpaste to the brush etc.)*

I give permission for .....  
to have their teeth cleaned whilst at school

Signature.....

Print name.....

<p><b><u>7.5. Toileting skills</u></b></p> <p>Is your child toilet trained?</p> <p>Describe how your child uses the toilet?  <i>(Indicate when they want to go to the toilet, sits on the toilet independently? Do they use some form of aid? Able to pull trousers/pants down or up, wash hands, flush the toilet. Expresses discomfort when he/she is soiled or wet or when he is sitting on the toilet? Describe this)</i></p>	<p>YES    NO</p>
<p>Describe your child's toilet routine?  <i>(Remains clean or /and dry throughout the day/night?)</i></p> <p>Does your child have a special toilet seat Or equipment at home?</p>	
<p><b><u>7.6. Play skills</u></b></p> <p><u>At home</u>  What does your child enjoy doing at home?</p>	
<p>Describe how your child plays?</p>	
<p>Does your child have a favourite activity, toy, stimulus? Describe this.  <i>(What toys/objects? What they do with them? Who do they play with? Sharing toys? Where? How long for?)</i></p>	

<p>If your child is interested in an object or toy, what do they do with it?  <i>(reaching, mouthing, banging, throwing, exploring, twirling etc)</i></p>	
<p><u>Outside</u></p> <p>What does your child enjoys doing outdoors?  <i>(park, riding in car/bus etc)</i></p>	
<p><b><u>7.7. Social Skills</u></b></p> <p>How does your child interact with other people?  <i>(Parents, siblings, other children and adults. Has a favourite person/friend. How much time do they spend with them and what do they together)</i></p>	
<p>How does your child react to a new environment or changes in their routine?  <i>(Describe this)</i></p>	
<p>How does your child behave when out in the community?  <i>(Shops, church, park, on the bus. Describe this)</i></p>	
<p>Do you have any concerns about your child's social skills?  <i>(Is there anything you would particularly like them to be able to do or stop doing? Describe this)</i></p>	

**7.8. Behaviour**

How would you describe your child's Personality?  
*(calm, irritable, passive, sociable, active, etc)*

Does your child have any negative behaviours?  
*(Aggression, hitting kicking, slapping, pushing, biting etc, tantrums, verbal or physical threats, self injurious behaviours. When do these occur and how often?*

Does your child engage in self-stimulating or ritualistic behaviour?  
*(Flapping hands, twirling, jumping, staring at lights, checking, retracing, opening and closing and how often?)*

How does your child express his/her emotions?  
*(What does your child do when they are happy, confused, sad, bored, afraid, distress, angry, excited, enjoying activities. How intense are these' and how often?)*

**Sleep pattern**

How well does your child sleep at night?

**7.9. General Behaviour**

Are there any areas of your child's behaviours that are of concern to you which we have not discussed?  
  
e.g. is your child ever likely to run away?

## 8.Communication

<p><b><u>8.1. General communication</u></b></p> <p>How does your child communicate with you?</p> <p><i>(verbal language, gesture and sign, symbols, pictures, picture board, eye pointing, body language)</i></p>	
<p><b><u>8.2. Expression</u></b></p> <p>How does your child indicate that he/she Wants something?</p> <p><i>(an object, a drink, a certain toy, a certain activity, to go to the toilet, to go to bed etc)</i></p>	
<p>How is your child able to show they accept or reject something?</p> <p>Do they have a Yes/No?</p>	
<p>Does your child use his/her voice to communicate?</p> <p><i>(describe this)</i></p> <p>Does your child use speech/verbal language To express his/her needs?</p> <p><i>(approximately how many words do they use? When do they use the words? What functions (questions, commenting, requesting). Do they initiate or hold conversation with others? Is your child's speech intelligible to others? Can others understand him/her?)</i></p> <p>Does your child use gesture to communicate?</p> <p><i>(pulling, touching, reaching, pointing, makaton sign, describe these )</i></p>	

<p>Does your child ever become frustrated because of problems with communication?</p>	
<p><b><u>8.3. Comprehension</u></b></p> <p>How much do you think your child Understands what do you say or do?</p> <p><i>(understand single words, two words, family conversations)</i></p>	
<p>What helps your child understand what you say?</p> <p><i>(sign, gestures, pointing, using one or two words, change in intonation, prompts)</i></p>	
<p>How does your child indicate that he/she has understood what has been said to them?</p>	
<p>How well does your child understand daily routine and activities?</p>	
<p>Does your child ask you to repeat what you have said?</p>	
<p>Do you have any concern about your child's Communication? If so, what are they?</p>	

## 9. Accessing the School Curriculum

<p><b><u>9.1 English</u></b></p> <p><b><u>speaking and listening</u></b></p> <p>How would your child let you know That he/she wants something in particular <i>(toy, and action, activity etc)</i></p>		
<p>Does your child:</p> <p>Respond to the sound of his/her own name</p> <p>Indicate that they have finished, or don't want anymore of something?</p> <p>Make simple choices. <i>(favourite drink, food, video, book)</i></p> <p>Have a way of asking for more.</p> <p>Anticipate actions during regular routines stories, games. <i>(lift arms, up to put on shirt, snap)</i></p> <p>Use personal forms of gesture.</p> <p>Use structured form of sign or symbol</p>	<p><b><u>Y/N</u></b></p>	
<p><b><u>Pre-reading</u></b></p> <p>Does your child spend time looking at pictures photos or books?</p> <p>Does your child:</p> <p>Enjoy looking at photos of themselves or others</p>	<p><b><u>Y/N</u></b></p>	

<p>Identify pictures/photos of themselves or Others.</p> <p>Use pictures/photos to make simple choices</p> <p>Enjoy looking at books.</p> <p>Enjoy stories.</p> <p>Have a favourite story or stories.</p> <p>Predict words, phrases or events in Familiar stories.</p>	<p>Y/N</p>	
<p><b><u>Pre-writing</u></b></p> <p>What does your child like to do with his/her hands?</p> <p>Does your child:</p> <p>Accept having his/her hands touched or held.</p> <p>Use his/her hands to explore objects.</p> <p>Intentionally reach out, grasps, bring to self or release objects.</p> <p>Handle and explore objects. <i>(use a brush to brush his/her own hair, doll's hair etc.)</i></p> <p>Hold a pencil/crayon to scribble/draw</p>	<p>Y/N</p>	
<p><b><u>8.2 Mathematics</u></b></p> <p>What does your child do when they play with toys and objects ? <i>(Looking, banging, mouthing, use appropriately, etc)</i></p>		

<p><b><u>Pre-number</u></b></p> <p>Does your child:</p> <p>Have a favourite object, toy, cup, etc.</p> <p>Show an awareness of daily routines <i>(arrival of significant people or events)</i></p> <p>Identify people or objects from pictures or photos.</p> <p>Place objects into or retrieve objects from containers. <i>(toy from box, biscuit from a tin etc)</i></p> <p>Build towers of bricks, blocks, etc</p> <p>Give items to others on request <i>(give me..etc)</i></p> <p>Give items to others during play or real situations <i>(“one for you, one for me’, etc)</i></p> <p>Take one of something when asked. <i>(biscuit from a biscuit tin)</i></p>	<p>Y/N</p>	
<p><b><u>Shape space and measure</u></b></p> <p>Does your child notice similarities and differences among familiar objects they use or are used with them ?</p> <p>Would your child notice if you gave him/her a cup, toy or plate other than their favourite?</p> <p>Does your child:</p> <p>Place similar or same objects together during play or other at times. <i>(place all cars together, all animals together, etc)</i></p> <p>Make a choice between big and small favoured items. <i>(If given 2 biscuits will take the big one)</i></p>	<p>Y/N</p>	

## 10. Parental Permission

Parental permission obtained for:

Bathing

Hair washing

Nail cutting

Plasters

Swimming

Trampolining

Horse riding

Educational visits  
With staff

Safe Use of Images – see separate permission form

permission denied for:.....

.....

signed.....

Date.....