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| Home Education Sessions Request Form Please complete this form and return to:Laura Carroll@thelandLaura.jayne8888@googlemail.com |

|  |  |
| --- | --- |
| Date: |  |
| Name of student: |  |
| Person making request: |  |
| Name & address of child  |  |
| Allergies and medical conditions |   |
| Parent/carer’s consent obtained for animal interactions |  |
| Parent/carer’s consent obtained for sharing images on social media |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual’s Name | D.O.B | Age | M/F | Pronoun preferred |
|  |  |  |  |  |
| Particular interests and dislikes |  |
| Any additional physical or medical needs |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level of SEN intervention if applicable  | None |  | Additional needs |  |
|
| Brief description of any additional needs |  |
| Strategies implemented at home |  |
| Risk Assessment (If applicable)including challenging behaviour and triggers. |  |

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| --- | --- | --- |
| Emergency contact details- Next of Kin | Name |  |
| Phone number |  |
| Email |  |
| 2nd Emergency contact details | Name |  |
| Phone number |  |
| Email |  |