

 **Rainbow House Impact Assessment**

**Home**

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| Name of Child |  |
| Date of Birth |  |
| School |  |
| Teacher (s) |  |
| Support staff |  |
| LEA transport |  |
| Home address |  |
| Telephone Number |  |

Hello and welcome to Rainbow House we would greatly appreciate if you could complete the following information about your child in order that we can get to know him/her a little better……

Thankyou

All about your child - what’s he/she like?

Please tell us about your child’s daily routine firstly when they are not at school. What time they get up, breakfast, any routines they have, what activities they may do:

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Now when they are at school, what time do they get up/do they have a routine, transport arrive/breakfast what do they enjoy to eat?

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Please tell us what your child’s bedtime routine is: (What time they settle, favourite supper, do they have a story, teddy etc.) prefer blankets or duvet, pillows, light on/off etc.

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Please tell us what your child’s greatest achievement and strengths are:

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What would you consider is your child’s weakness and what would you consider is the biggest risk to your child?

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Who or what is important to your child? (They may be family members, friends, objects etc.)

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Please tell us the answers to these questions:

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| Childs favourite food /and if only likes certain brands (e.g. only Walkers red packet plain crisps). |  |
| Food dislikes |  |
| Food dislikes |  |
| Favourite chocolate bar/sweet (s) |  |
| Favourite TV programme |  |
| Favourite colour |  |
| Favourite toy (s) |  |

What activities does your child enjoy and how do they occupy themselves?

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Communication

Please tell us how your child communicates.

Do they use spoken language, Makaton (Signs), PECS (Picture Exchange), Social Stories, BSL or use their face and /or eye movements or do they use their own signs to signal a feeling, want or need?

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Health Needs

Please tell us your GP name and address:

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 Please give a description and the name of any medical condition your child is diagnosed with:

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 Does your child take regular prescribed medication? Please give the names and dosage

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 Does your child take rescue medication if so please give the name?

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 Does your child receive or require the use of any specialist equipment?

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| Wheelchair |  |
| Hoist |  |
| Specialist bed |  |
| Specialist Chair |  |
| Other |  |

Behaviour and Emotional Well being

Is your child currently being seen or waiting to be assessed by any behaviour specialists for example with CAMHS etc. and can you tell us how long you have been waiting?

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Does your child display behaviours that may challenge / sexualised behaviour etc.?

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Please tell us when your child becomes upset how he/she displays this does he/she for example – hit out/ kick/ spit/ head-butt/ self-harm/ scream/ run away/ swear or threaten others.

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Please tell us what may have triggered (made them upset) their behaviour for example: crowded places/ noise/ other children/ unfamiliar people/ changes to routine/ hot, cold/ certain words like the word NO/ not getting their own way or another trigger?

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 Please tell us how you support or manage your child’s behaviour: this may be that you allow them time to calm/offer alternatives/ take them to a safe place for hem bedroom etc. or any other area within your home - alternatively is there anything you use to support them to calm (teddy, drink, etc.)

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Now tell us how your child manages in the community for example at the shops/ park/ walking/ on transport. Will he/she become upset or triggered? Has he/she any awareness of danger?

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Personal Care and Routine

Please tell us briefly about the following?

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| ToiletingToilet trainedToilet TrainingDry through dayPads (size and make) |  |
| MealtimesCutlery usedSpecial diet? Support needed? |  |
| Personal CareBathShowerAre they independent or do they require support - please tell us moreCan they be left in the bath for a short time? |  |

Thank you very much for taking the time to complete this form.