



Special School Nursing Team

Health Needs Assessment for Children and Young People

Name: _____

DoB: _____

NHS no: _____

M/F
Affix sticker here

Affix school photo here

CHILD'S DETAILS

NHS No: _____

Surname: _____ Forenames: _____

Likes to be known as: _____

Date of birth: _____ Gender **M/F**

Current education provision _____ Previous School _____

Ethnicity _____ Language spoken at home _____ Religion: _____

Interpreter required: **Yes/No**

Address:

Postcode:

MY FAMILY:

Main Carers Full names	Contact telephone number (Home/work/mobile)	Email address	Parental responsibility?
Parent 1			
Parent 2			
Carer			
Carer			

Siblings	Date of Birth	Name of Nursery / School / College / Work	Registered GP

OTHER SIGNIFICANT PEOPLE IN MY FAMILY:

This will include other significant adults and regular visitors to the family home. Please also include other children living in the household not listed under siblings above and ensure their date of birth, GP and school are recorded.

Name	Relationship	Role within the Family

PROFESSIONALS WHO HELP ME:

Service	Contact Name and Address	Telephone/ FAX	Referral Needed
General Practitioner (GP)			
Community Nursing Service eg CHAH team (Case Manager)			
Consultant 1			
Consultant 2			
Consultant 3			
Community Paediatrician			
Physiotherapist			
Occupational Therapist			
Speech and Language Therapist			
Social Worker			
Clinical Nurse Specialist			
Respite Worker			
Dentist			
Portage/OPG			
Wheelchair service			
Continence service			
Dietician			
Home start/face to face			
Rainbow/Chase/Cally Down/Any respite			
Croydon Welfare Advisor			
Other (specify)			
Other (specify)			
Health Visitor			
Psychologist involved/ under CAMHS			

	SUMMARY OF NEEDS
<p>CHILD'S HEALTH HISTORY Child's Medical Diagnosis/summary of conditions</p> <p>Relevant Birth History</p> <p>Place of birth, gestation, type of delivery?</p> <p>Does child have any ongoing health problem? (i.e. diabetes, asthma, epilepsy, sickle cell) Childhood illnesses e.g. chickenpox</p> <p>Hospital admissions</p> <p>Has child attended hospital/GP in the last six months?</p> <p>Does child go to the Hospital for regular reviews?</p> <p>Had many accidental injuries?</p>	
<p>CHILD'S OWN VIEW OF HEALTH Does child have any health worries?</p> <p>Does parent have any concerns re child's health?</p> <p>Has child started period?</p> <p>If appropriate, provide age appropriate lifestyle information e.g. diet, relationships/sexual health issues/drugs</p>	
<p>Does the child have any Allergies? (medicines/other)</p> <p>Does the child have an Epipen?</p> <p>How does their allergic reaction present?</p> <p>Do they have an allergy treatment plan?</p>	
<p>Does the child have Seizures? Y/N</p> <p>Record frequency, type, treatment</p>	

SUMMARY OF NEEDS	
<p>Is there a seizure plan?</p> <p>Name of consultant child is under.</p> <p>Does the child have a Shunt system? Record type /location/date of insertion.</p> <p>Are all immunizations up to date?</p> <p>Is there any concern about child's understanding of danger?</p>	
<p>COMMUNICATION:</p> <p>Does the child have any sensory impairment?</p> <p><u>Hearing:</u></p> <p>How well do they hear Do they use any hearing aids? Has the child had a recent hearing test? Have they been seen by an audiologist? Do they have regular reviews? If so where?</p> <p><u>Vision:</u></p> <p>Does the child wear glasses (prescribed and will or will not wear them?) Does the child have any visual difficulties? When did they last see an optician? Do they have regular reviews with optician? if so where?</p> <p><u>Speaking</u></p> <p>How well can the child communicate? Do they communicate verbally/makaton/ eye pointing Do they have a communication aid? How much do they understand?</p>	
<p>EATING AND DRINKING:</p> <p>Does the Child feed orally or enterally?</p> <p>Do they require a special diet/feed/special textures?</p>	<p>If enterally:- What device Size How often changed Who by Under which hospital</p>

SUMMARY OF NEEDS				
<p>Are they good eaters or restricted?</p> <p>Are they usually fussy eaters? Food colour grouping preferred, food touching etc?</p> <p>What is their usual feeding pattern?</p> <p>What did child have for breakfast?</p> <p>Does child eat regular meals throughout the day?</p> <p>Are there any kinds of foods the child dislikes/ won't eat?</p> <p>What especially does he/she like to eat and drink?</p> <p>Current weight?</p> <p>Any parental concerns re growth?</p> <p>Is dietitian referral required? If not annually seen and reviewed.</p> <p>BREATHING AND CIRCULATION Does the child have a respiratory or cardiac condition?</p>				
<p>MEDICATION Does child have to take any medicines?</p> <p>Any allergies to medication?</p> <p>Discuss parents responsibility to ensure medications are properly labeled and replaced if expired</p> <p>Medications administered once a day should not normally need to be administered at school</p> <p>How does the child take medicine at home? Record if there are any special ways to get the child to take their medication i.e. distraction techniques, special spoon etc</p>	<p>Medication (Generic name)</p>	<p>Dose</p>	<p>Frequency</p>	<p>Route</p>
<p>ORAL HEALTH Does child have any problems with his/her teeth?</p> <p>Is child registered with a dentist?</p>				

SUMMARY OF NEEDS	
<p>When was the last time he/she last attend the dentist?</p> <p>Any difficulties with examinations?</p>	
<p>ELIMINATION: Is the child fully continent?</p> <p>Does the child know when they need the toilet?</p> <p>Can the child sit on the toilet/pottychair?</p> <p>Can they communicate their need?</p> <p>Does the child wear pads?</p> <p>Does the child need a continence assessment?</p> <p>Would the family like the child to be toilet trained?</p> <p>How much help do they require with their toileting?</p> <p>Does child sometimes wet him/herself during the day/night?</p> <p>Are there episodes of faecal soiling without explanation?</p> <p>Are there any issues with constipation?</p>	
<p>MOBILISATION Can the child walk independently?</p> <p>Does the child use a wheelchair?</p> <p>Can the child transfer independently?</p> <p>Does the child require a moving and handling risk assessment?</p>	
<p>SLEEPING: Does child have any difficulty sleeping? E.g. going off to sleep or staying asleep?</p> <p>Does child sleep in own bed?</p> <p>Does child have own bedroom?</p>	

SUMMARY OF NEEDS	
<p>When does he/she go to bed?</p>	
<p>PLAY: What does child do in his/her spare time?</p> <p>Does child take part in any sports/undertake any kind of exercise or activities? <i>(Dancing, after school activity, drama etc)</i></p>	
<p>WASHING AND DRESSING Can child attend to own personal hygiene? (Bathe, clean teeth and brush hair)</p> <p>Is child clean/appropriately attired for the weather condition?</p> <p>Is there any concern about child's personal hygiene?</p>	
<p>EMOTIONAL AND BEHAVIOURAL DEVELOPMENT Are there concerns about child's behaviour at school or at home?</p> <p>Does this worry him/her especially? Or worry parents?</p> <p>What is the child's attention span?</p> <p>Has child ever been bullied or bullied other children?</p> <p>Does child have a friend at school or in current placement?</p> <p>Is child able to share feelings with a friend/trusted family when tearful and unhappy?</p> <p>If not would child like to talk to about his/her feelings?</p>	
<p>MAINTAINING A SAFE ENVIRONMENT: Does the child display any challenging behaviours? If yes, what are they?</p> <p>How are behaviours managed?</p> <p>Are there any known triggers for the behaviour?</p>	

SUMMARY OF NEEDS	
<p>Does child inflict injuries on him/herself?</p> <p>Is there a fire alarm in the home?</p>	
<p>EDUCATIONAL PROGRESS:</p> <p>Does the child have a learning disability?</p> <p>Does the child have any physical disability?</p> <p>Is the child happy, or appear happy to go to school?</p> <p>What lessons do they like/enjoy?</p> <p>Does child have any concerns about school?</p> <p>Attendance record?</p> <p>Achievements/progress/aspirations?</p> <p>Does he/she arrive at school on time?</p> <p>Will they get school transport?</p>	
<p>FAMILY/SOCIAL RELATIONSHIPS</p> <p>Does the child have a friend in locality?</p> <p>Does child witness adult violence?</p> <p>Does child sees friends outside of school?</p> <p>Does child have difficulty making friends?</p> <p>Do child's siblings/ friends visit at home?</p> <p>Does child have a long-term stable relationship with one adult?</p>	
<p>FAMILY HISTORY</p> <p>Has a member of the household experienced a stressful childhood?</p> <p>Have the family suffered a traumatic experience, loss or crisis which is unresolved? e.g. bereavement</p> <p>Any other difficulty/issues?</p>	
<p>FAMILY FUNCTIONING/HEALTH</p> <p>Does child's impairment/behaviour have a negative impact on siblings? If yes in what way?</p>	

	SUMMARY OF NEEDS
<p>Does a member of the child's household experience: Poor mental health (including phobia's) Poor physical health (ongoing health problem i.e. asthma, heart condition, epilepsy etc.)</p> <p>Behaviour problem Physical disability Learning disability Sensory Impairment</p> <p>Substance misuse?</p> <p>Have any adult members of the household got a history of violence?</p> <p>Are there frequent family rows?</p>	
<p>WIDER FAMILY Do extended family provide; Practical, emotional, financial help?</p>	
<p>EMPLOYMENT Is a parent in paid employment?</p>	
<p>INCOME Are all entitled benefits claimed?</p> <p>Does the family feel they are managing on the income they have or receive?</p>	
<p>FAMILY SOCIAL INTEGRATION Does the family feel accepted within their local community?</p> <p>Do family members experience discrimination?</p> <p>Does the family have local friends?</p> <p>Is the family involved in local organisations/activities</p>	

SAFEGUARDING-CHILDREN SUBJECT TO A CHILD PROTECTION PLAN

Is your child subject to a child protection plan? **YES** **NO**

Category: _____ Date of registration: _____

Has the child previously been subject to a Child Protection plan? **YES** **NO**

Category: _____ Date of registration: _____ Date of deregistration: _____

Social worker: _____ Contact No: _____

Check EPEX for warnings, lead professional and core group meeting dates: Checked

Current Legal Status: e.g. looked after child

Care order:

Please state any care arrangement:

SUMMARY OF IDENTIFIED HEALTH NEEDS**CHILD/FAMILY WISHES FOR CARE****INFORMATION SHARING**

- CARE PLANS
- RISK ASSESSMENT
- MOVING AND HANDLING RISK ASSESSMENT
- Inform parents these will be written following the assessment and sent home for them to agree and EXPLAIN THE ROLE OF THE SCHOOL NURSING SERVICE
- HAS CONSENT BEEN OBTAINED?
- HAS INFORMATION SHARING LEAFLET BEEN GIVEN TO FAMILY?
- ARE FAMILY AWARE OF THEIR RESPONSIBILITY RE RESTOCKING SUPPLIES?
- ARE FAMILY AWARE OF NEED TO ENSURE MEDICATION IS CORRECTLY LABELLED AND IN DATE?
- DISCUSS RETURN TO SCHOOL FOLLOWING SURGERY OR HOSPITAL ADMISSION AND REQUIREMENT FOR PLANNED MEETING TO REASSESS NEEDS

The Person undertaking this assessment:

Name: _____ Contact phone no: _____

Date of assessment: _____

Designation: _____

Consent of person with parental responsibility for information recording and sharing

I give permission for information within this health assessment, together with any risk assessments and care plans formulated, to be shared with the following services;

(Please tick)

Consent to give medication sent in by parents/carers

Consent to annual weight and height measuring

Consent to first aid and treatment if unwell

Consent for nursing team to train and supervise education staff in specific healthcare skills to meet the needs of your child in school and on trips.

(Please tick)

Service	Consent to share	Consent withheld
School transport		
Education		
Therapists		

Parent/carers signature: _____ Date: _____

Print Name: _____

School Nurse Signature: _____ Date: _____