



Shaw
Education
Trust



My Information Booklet

www.ivyhouseschool.org.uk

Students name:

All about me

Legal name:	
Preferred name:	
Date of Birth:	
Religious or cultural info:	
How I travel to school:	
I live with (including relationship):	
Adults who are important to me (including relationship):	
My siblings:	
My pets:	
My favourite things / toys / activities / TV shows etc:	
Things that help soothe and comfort me:	
Last reviewed by: Date:	

My Medical information:

Diagnosed conditions:	
Allergies:	
Medication taken at home:	
Medication taken at school:	
Route of medication:	e.g. oral / gastrostomy / naso gastrostomy
Seizures: (explain what this looks like – type and length etc)	e.g. generalised / tonic-clonic absences / focal seizures / myoclonic
Asthmatic:	
Suction:	e.g. nasal / oral / pharyngeal / deep
Oxygen:	
Emergency Medication:	If yes, add the medication and more information e.g. when to administer etc.
Other: (Please add here)	
Last reviewed by: Date:	

My Communication

Communication methods:	Clear speech Some speech Minimal speech Yes / No bands Signing (Makaton / on body) Pointing Gesturing Eye gazing PECs TOBI symbols Communication book High tech aids such as iPad
Hearing Impairment:	If yes, add information:
Hearing aids / cochlear implant:	Yes / No If yes, which ear: left / right / both If yes, how long do they wear them during the day:
Visual Impairment:	If yes, add information:
Additional Information:	e.g. sounds they like/dislike, favourite things to watch or track,
Last reviewed by: Date:	

My Eating and Drinking

Eating	
Nil by mouth	Yes / No
Gastrostomy:	Yes / No
Naso Gastrostomy:	Yes / No
Eats orally - support needed:	Independent / some support / full support
Food consistency:	Level 3 – liquidised Level 4 – pureed Level 5 – minced & moist Level 6 – soft & bite sized Level 7 – regular
Right/Left handed:	Uses left hand / right hand
Special utensils:	e.g. type of plate / knife / fork / spoon
Protective clothing:	e.g. bib (size) / apron with long sleeves etc.
Allergies:	
Likes/Dislikes:	
Additional feeding information:	
Drinking:	
Nil by mouth	Yes / No
Supported needed:	Independent / some support / full support
Thickened drinks:	Yes / No Level 0 – thin Level 1 – slightly thick Level 2 – mildly thick Level 3 – moderately thick Level 4 – extremely thick
Special cup:	e.g. bottle / doidy / 2 handle / 1 handle / straw and lid cup / sports bottle / open cup
Likes/Dislikes:	
Additional feeding information:	
Last reviewed by: Date:	

My Mobility

Ambulant:	
Independent:	
Wheelchair user:	
Standing frame:	Supine standing / prone stander / vertical stander / multi-position stander, sit to stand stander / mobile stander
Walking frame:	
Activity chair (work chair):	Please state if this is height adjustable
Other positioning equipment:	Wedge / bench / footstool / tables / trays / P-Pod / corner seat
Supports or attachments for equipment:	
Weight bearing:	
Last reviewed by: Date:	

My Dressing and Undressing

Independent / some assistance / full assistance:	Independent / supervision / minimal assistance / some assistance / full assistance Add additional information:
Stronger side:	
Weaker side:	
Potential risks:	Be aware of hip alignment when rolling etc.
Additional information:	Lycra suit etc.
Last reviewed by: Date:	

My Moving, Handling and Transferring

Level of assistance:	Independent / supervision / minimal assistance / some assistance / full assistance
Hoist / Transfers:	Sit to stand transfer / slide sheets / rolling / side-lying to sit / scooting to the edge /
Sling:	Universal standard sling / hammock sling / full back and full body sling / in-seat sling / toileting or access sling / stand assist or standing sling /
Alternative sling if own is soiled:	
School or personal sling:	School / personal sling from home
Loops:	
Specific individual needs:	
Equipment:	
Last reviewed by: Date:	

Please note: Tasks are only to be carried out by staff who have received Moving and Handling training at Ivy House School. We promote safe handling for all staff and students. Any concerns should be reported immediately to the Senior Leadership Team or Centaur Trainers.

My Behaviour

Self-Injury	Description of behaviour and adult intervention needed
Aggression towards others	Description of behaviour and adult intervention needed
Anti-social / inappropriate behaviours	Description of behaviour and adult intervention needed
Obsessions / rituals / elaborate routines	Description of behaviour and adult intervention needed
Last reviewed by: Date:	