

SEND Support Form

You can take this form with you to your youth group leader to help them support you.

Young person's name:

Young person's diagnosis/
assessment pathway:

Young person's medication:

Parent/carer name:

Parent/carer phone no:

Please tick the boxes that apply to you.

<p>My triggers/ Things that make me upset</p>	<p><input type="checkbox"/> Loud noises/ Environments</p> <p><input type="checkbox"/> People touching me</p> <p><input type="checkbox"/> Certain textures</p> <p><input type="checkbox"/> Small/ overcrowded spaces</p> <p><input type="checkbox"/> Lack of structure</p> <p><input type="checkbox"/> Too many instructions</p> <p><input type="checkbox"/> Other</p>
<p>Signs I am getting upset</p>	<p><input type="checkbox"/> Heavy breathing</p> <p><input type="checkbox"/> Fidgeting</p> <p><input type="checkbox"/> I become quiet</p> <p><input type="checkbox"/> Closed body language</p> <p><input type="checkbox"/> I become teary</p> <p><input type="checkbox"/> Other</p>

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When I get upset I	<input type="checkbox"/> Cry <input type="checkbox"/> Shout <input type="checkbox"/> Zone out <input type="checkbox"/> Shake <input type="checkbox"/> Kick things <input type="checkbox"/> Other
When I need support I will	<input type="checkbox"/> Privately speak to an adult I trust <input type="checkbox"/> Leave the room <input type="checkbox"/> Other
You can help calm down / self-regulate by	<input type="checkbox"/> Sensory toys <input type="checkbox"/> Breathing exercises <input type="checkbox"/> Taking me to a quiet room <input type="checkbox"/> Colouring <input type="checkbox"/> 54321 Grounding technique <input type="checkbox"/> Giving me alone time <input type="checkbox"/> Listening to calming music <input type="checkbox"/> Helping me resolve a situation <input type="checkbox"/> Other
Please call my parent/ carer/support worker if I	<input type="checkbox"/> Meltdown <input type="checkbox"/> Runaway <input type="checkbox"/> Cry <input type="checkbox"/> Shout and swear <input type="checkbox"/> Other

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I might need help with	<ul style="list-style-type: none"><input type="checkbox"/> Walking<input type="checkbox"/> Going to the toilet<input type="checkbox"/> Reading<input type="checkbox"/> Writing<input type="checkbox"/> Putting on clothes/ shoes<input type="checkbox"/> Talking to others<input type="checkbox"/> Making friends<input type="checkbox"/> Walking into a room full of people<input type="checkbox"/> Other
I communicate with	<ul style="list-style-type: none"><input type="checkbox"/> My words<input type="checkbox"/> My tablet<input type="checkbox"/> My hands<input type="checkbox"/> Visual aids<input type="checkbox"/> Other
I prefer to	<ul style="list-style-type: none"><input type="checkbox"/> Have a toy with me<input type="checkbox"/> Use sensory/ fidget toys<input type="checkbox"/> Know the structure of a session beforehand<input type="checkbox"/> Use ear defenders<input type="checkbox"/> Work in quiet spaces<input type="checkbox"/> Other

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I enjoy

My strengths are

It is important to me that you know