

Who lives here _____

Their DOB and NHS numbers are _____

Who is your GP? _____
What is their phone number? _____

Do you have a social worker? _____
What is their phone number? _____

Which school/college does your child attend? _____
What is their phone number? _____
Who is your child/young person's SENCO _____

Is there any contact arrangements or any areas I should avoid taking the children or young person to _____

Does anybody in your house have allergies?

Who else could I call to find out about your child or young person?

Who takes medication in your house? What time is it due? Is it taken with food? Where is it stored?

When does medication need to be reordered, how is this done? Do I need a password and username to do this? Which chemist do I need to collect it from?

What could reassure my child/young person?

What time do the children/young people get up?

What times are meals?

What do you need to know about food to help my child/young person?

What rules are there about electronics?
Do I need any passwords?

Does my child/young person need help with personal care? _____

What do I need to know about your child/young person and dental care?

What do I need to know about your child/young persons behaviour and how can I support them?

Do you have a daily routine? Including any exercise routines?

Are there any house rules?

What time do the children/young people go to bed? Do I need to know anything?



This document was produced by Portsmouth Parent Voice, working in co-production with local parents and professionals