

Name:

Subject: Secondary / Primary / Nursery

Have you written IEP's? Y / N

Annual Reviews? Y / N

Type of Special Need	Please tick		Age of Pupils/Type of School	Length of Experience
	Interested	Experienced		
Hearing Impairment				
Partial /Profound				
Language and Communication				
Speech Impairment				
Language Difficulties				
Can you sign? And to what level				
English as an Additional Language				
Reading Recovery				
Visual Impairment				
Blindness				
Emotional Behavioural Difficulties				
Psychological problems				
Adverse Social Problems				
General Special Educational Needs				
Dyslexia / Dyscalculia				
Dyspraxia				
Gifted Children				
Chronic Illness				
Learning Difficulties				
MLD				
SLD				
PMLD				
Down's Syndrome				
Cerebral Palsy				
Autistic Spectrum Disorder				
Physical Impairment				
Numeracy/Literacy Problems				

Work Experience

(ie playgroup, workshops, summer camps) Please give details of length of experience and types of disability and age groups overleaf.