

Kent Holiday Activities and Food Programme (HAF)

Please complete the information with your child to help us provide staff and resources that will meet your child's needs during their time with us.

This information will support our conversations with you and your child, programme partners and staff to enable us to plan for your child, and to ensure that any required training for staff is in place.

All about me

My name is:

.....

I like to be called:

My date of birth is: **I am** **years old**

My family are:

.....

My pets are:

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My hobbies are:

.....

.....

.....

Things that help me to settle in new places are:

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.....

Important things about me

I may need extra support in the holiday programme because (eg I need visual supports to help me understand what is happening, I need time to process instructions, eating is hard for me, I will need someone to support me at mealtimes):

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Tell us about your health needs or medication requirements so that we fully understand and can support you during your time with us:

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Medication that I will need to have available is:

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.....

Dose and time of medication:

Tell us about any allergies you have:

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.....

The best way to support me

I find it difficult to communicate when:

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.....
.....

I use the following ways to help me to communicate (for example British Sign Language, Makaton, my own signs, lip reading):

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.....

My behaviour may change if:

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.....

When this happens, you can support me by:

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.....

I may need support to (for example make friends, go to the toilet, help me understand the timetable for the day, change activities, access outdoors):

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.....

At mealtimes I like to:

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.....

When I need some time on my own, I like to have the following things available:

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.....

My school

My school is called:

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The SENCO's name is:

Their contact number is:

Services or agencies currently supporting me and my family:

1.

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2.

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Other information that I would like you to know:

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.....

I give my consent to the programme manager to contact people who support my child to ensure that my child's needs are fully met:

Signed: **Date:**

Programme partner additional information following a conversation with the child and the parent/carer:

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