

Please complete this document in Adobe, available here.

1. General information: names and your position *		
Your name:		
Your email address:		
Your phone number:		
The child/young person's name:		
Gender: Male Female Other:		
What is your relationship?		
I am the child/young person's parent, guardian or carer		
I work at the child/young person's school or college		
I work at the local authority		
Other:		
2. About funding *		
Who will be funding the sessions? You can make payment privately, through a personal budget or EOTAS package provided through the LA, via direct payments from the LA, or from other sources.		
School or college. Name if different from above:		
Local authority; personal budget. Name of LA:		
Local authority; commissioned directly by the LA. Name of LA:		
Other:		
Complete the below if funding is through the LA. Please select Funding has been agreed and confirmed This is part of an EOTAS package This is interim support Further information or details:	t all that applies:	
3. About the child: diagnoses and needs *		
What are the diagnoses, or possible diagnoses and needs of         ASC (autism)         Anxiety         PDA         Dyslexia         ADHD         Vorking memory difficulties         Sensory and/or auditory processing needs         Dyscalculia         Speech and Language needs         SEMH/mental health needs	of the young person?  Executive Functioning Skills/Study Skills  DCD (dyspraxia)  Social interaction and friendship skills Cerebral Palsy (CP) Complex and/or medical needs, including brain injuries Other SEND, please detail below:	
Challenging behaviour		



Unlocking your child's potential

4. About the child: age and school/college *	
How old is the young person? The young person is Does the young person attend school or college?	years old
Yes, the young person attends school or college, det	ails as below:
Name of school or college:	
School year:	
Type of school or college:	
Mainstream state school or college	Mainstream independent school or college
	Special independent school or college
Alternative provision	special independent school of college
_	ege. Please provide details below, including if they are being
homeschooled and when/if they last attended a sch	
5. About the child: needs, subjects and requi	rements *
What are the young person's main areas of needs? Who support with? Tick all that apply. The young person need	It subjects or areas of special educational needs do they need ds support with:
Primary Maths	Developing confidence and self-esteem
Primary English/literacy	Developing independence
Secondary Maths (including GCSEs)	Functional Skills (English & Maths)
Secondary English (including GCSEs)	Homework Support
Secondary Science (including GSCEs)  Fingagement, trust and interest in learning	Other or specific details. Please comment below:
Study Skills & Executive Functioning Skills	
Social Communication & Language Skills	
Community support and outside activities	
6. About the child: academic (attainment) le	evel *
What academic level is the young person working at? Pl	ease provide approximate level if unknown.
Expected level	
Below expected level	
Above expected level	
Unsure, but likely below expected level as the young	person has not attended school for 1+ years. Please comment below:
7. About the child: hobbies and interests	
How can the tutor help to engage the student, to develo interests of the young person?	p trust and a meaningful relationship? What are the hobbies and



8. About the sessions: start date *		
When would you ideally like to start sessions?		
As soon as possible		
On/in (mention month or date):		
When funding is approved, approximately:		
Other:		
9. About the sessions: delivery *		
Would you prefer online, in person, or either online or in person sessions for the right tutor?		
Online sessions		
In person sessions. Postcode for sessions:		
Either online or in person for the right tutor. Postcode for sessions if in person:		
Other:		
10. About the sessions: days and times *		
When would you ideally like the sessions? To help us match your child to the most suitable available tutor/s, please be as flexible as possible. Select all possibilities and all that apply:		
• Daytime: Monday Tuesday Wednesday Thursday Friday		
• weekends: Saturday Sunday • After-school: Monday Tuesday Wednesday Thursday Friday		
• Holidays:		
• Other:		
Add any further details or information here:		
11. About the sessions: hours *		
How many hours and/or sessions would you like per week? (Note: most tutors will request a minimum of 1.5 hours per session		
for sessions in person and a full EOTAS package is normally 25 hours per week.)		
12. About the tutor: preferred skills, qualifications and experience		
Ideally what training, qualifications, skills, experience or other requirements should the specialist SEN teacher have?		
13. About the tutor: preference including budget *		
Please search for a tutor via the platform here. Are there any particular tutors that you are interested in being introduced to?		
Yes, I am interested in being introduced to:		





	tutors named above so that I can discuss my requirements directly. I confirm that share my email address and this completed booking form with the tutor/s.
Would you also like us to co any available tutors 🗌 Yes	ntact the other tutors on the platform on your behalf? We will send you the profiles of s $\hfill\square$ No
	oduced to the tutor/s named above but please do not introduce me at this stage. Plea booking form to contact the other tutors and send me links to profiles so that I can mal
No, I don't have any preference.	Please contact all tutors on my behalf and send me the profiles of any available tuto
<b>Do you have a budget in mind?</b> Note This is generally between £100 to £150	e: all specialist SEN tutors are self-employed and therefore set their own rate per hour. 0 per hour.
No, I am looking for the best mat	tch for the child/young person
Yes, my budget is £	per hour
14. Health, Safety and Safeg	uarding *
Are there any health and safety cor have you put in place to control or r	ncerns or issues at the location where the tutoring will take place, and if so, what step emove these risks? *
Not applicable, there are no hea	Ith and safety concerns or issues
Mention any health and safety c	oncerns or issues here:
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Are there any behavioural/commu	nication needs or triggers that the tutor should be aware of?*
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15. Total costs and split-pa	ayments *	
profile on the <u>platform</u> . Total cost	therefore set their own rates per hour. The tota includes our agency fee and in most cases wil writing and assessments. Please discuss all co	ll also include travel expenses, travel time,
We operate a transparent split po your tutor (70% of total cost) and	ayment process. After an initial session, once a one invoice from SENsational Tutors (25% plus	month you will receive one invoice from VAT = 30%).
Thank you, I understand*		
16. Agreement to share thi	s booking form *	
	Tutors Ltd can share this completed booking fo Iformation and information about the child/you	
17. Any other details or info	prmation that will help us with the ma	tching process:
18. Finally, please complet	e the below: *	
How did you hear about us? * If you found us via an online sear Date*:	ch platform e.g. Google search, what did you se	earch for?*
PI	Thank you for completing this form. lease send the form to: bookings@sensationalt Attention of: Joanna Gibbs (founder & dire	

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