

Please complete this document in Adobe, <u>available here.</u>

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.		
Private. Name if different from above:		
School or college. Name if different from above:		
Local authority; personal budget. Name of LA:		
Local authority; commissioned directly by the LA. Name of	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:	all that applies:	
3. About the child: diagnoses and needs *		
What are the diagnoses, or possible diagnoses and needs o	f the young person?	
ASC (autism) Anxiety PDA Dyslexia ADHD ADD Working memory difficulties Sensory and/or auditory processing needs Dyscalculia Speech and Language needs SEMH/mental health needs Challenging behaviour	FASD 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:	



4. About the child: age and school/college *
How old is the young person? The young person is years old Does the young person attend school or college? Yes, the young person attends school or college, details as below: Name of school or college: School year: Type of school or college: Mainstream state school or college Special school or college Special school or college Alternative provision Other: No, the young person does not attend school or college. Please provide details below, including if they are being homeschooled and when/if they last attended a school or college:
5. About the child: needs, subjects and requirements *
What are the young person's main areas of needs? What subjects or areas of special educational needs do they need support with? Tick all that apply. The young person needs support with: Primary Maths
6. About the child: academic (attainment) level *
What academic level is the young person working at? Please 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 develop trust and a meaningful relationship? What are the hobbies and interests of the young person?



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?		



Please search for a tutor via the platform here. Are there any particular tutors that you are interested in being introduced to: Please introduce me to the tutors named above so that I can discuss my requirements directly. I confirm that School tutors to does above me and address and this completed booking form with the tutor!s. Would you also like us to contact the other tutors on the platform on your behalf? We will send you the profiles of any available tutors Yes No I can interested in being introduced to the tutor!s named above but please do not introduce me at this stage. Please use the information on this booking form to contact the other tutors and send me links to profiles so that I can make a comparison. No, I don't have any preference. Please contact all tutors on my behalf and send me the profiles of any available tutors. Deyou have a budget in mind? Note: all specialist StN tutors are self-employed and therefore set their own rate per hour. No, I am looking for the best match for the child/young person Ves. my budget is £	13. About the tutor: preference including budget	! *	
Please introduce me to the tutors named above so that I can discuss my requirements directly. I confirm that SENSATIONAL TUTORS Life can share my email address and this completed booking form with the tutor/s. Would you also like us to contact the other tutors on the platform on your behalf? We will send you the profiles of any available tutors Yes No	Please search for a tutor via the platform here. Are there any	particular tutors that you are interested in being introduced to?	
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Yes, I would like to mention that	No, I have mentioned all health and safety considerations	s above	
	Yes, I would like to mention that		



15. Is the child currently receiving any other specialist support? Tick all that applies or leave blank
Speech and language therapy Cocupational therapy Medical support, add details here: Add any comments or further information here:
16. Has the child received tutoring support in the past? *
Yes, with an agency. Add name here: Yes, with a private individual N/A or unsure Add any comments or further information here:
17. Total costs and split-payments *
All tutors are self-employed and therefore set their own rates per hour. The total cost is mentioned on the individual tutor's profile on the platform. Total cost includes our agency fee and in most cases will also include travel expenses, travel time, resources, feedback time, report writing and assessments. Please discuss all costs directly with the tutor. We operate a transparent split payment process. After an initial session, once a month you will receive one invoice from your tutor (70% of total cost) and one invoice from SENsational Tutors (25% plus VAT = 30%).
☐ Thank you, I understand*
18. Agreement to share this booking form *
Yes, I agree that SENsational Tutors Ltd can share this completed booking form with any tutors that I wish to be introduced to. This includes all contact information and information about the child/young person.*
19. Any other details or information that will help us with the matching process:
20. Finally, please complete the below: *
How did you hear about us? * If you found us via an online search platform e.g. Google search, what did you search for?* Date*:
Thank you for completing this form. Please send the form to: bookings@sensationaltutors.co.uk Attention of: Joanna Gibbs (founder & director)

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