

Primary RESPECT

Name of young person………………………… DOB…………………

School…………………………………………… Phone…………………

School contact inc email……………………………………………………….

**Please return form to: christine.mitchell@cheshirefire.gov.uk**

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| --- |
| **Safeguarding** |
| On the Child protection plan? Yes/No  | Name and details of Contact  |
| Looked After Child? Yes/No | Name and details of Contact  |
| TAF/CIN Assessment? Yes/No | Name and details of Contact  |

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| --- |
| **Young person Assessments (1 being the lowest, 5 being the highest)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School attendance | 1 | 2 | 3 | 4 | 5 |
| Basic social skills and motivation | 1 | 2 | 3 | 4 | 5 |
| Self esteem | 1 | 2 | 3 | 4 | 5 |
| Behaviour  | 1 | 2 | 3 | 4 | 5 |
| Ability to work in a group | 1 | 2 | 3 | 4 | 5 |
| Relationships with Peers | 1 | 2 | 3 | 4 | 5 |
| Relationships with staff | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Is the student mature enough to:Behave Responsibly whilst off-site | Yes | No |
| 2 | Has the student ever left the school premises without authorisation? | Yes | No |
| 3 | Does the student have any behaviour needs that could place him/her more at risk when working off-site?Could the student’s behaviour needs increase the risk to other students when working off- site? | YesYes | NoNo |
| 4 | Does the student have any specific medical needs that providers will need to be aware of and/or manage?Will these place him/her at risk in an off-site or work-related environment? | YesYes | NoNo |

|  |  |  |  |
| --- | --- | --- | --- |
| **General Attitude** | **Yes** | **No** | **If No Explain** |
| Respects others property |  |  |  |
| Appears confident |  |  |  |
| Abides by school rules |  |  |  |
| Enjoys new situations |  |  |  |
| Cares about own performance |  |  |  |
| **Classroom Behaviour** | **Yes** | **No** | **If No Explain** |
| Works well with peers |  |  |  |
| Follows instructions |  |  |  |
| Works well independently |  |  |  |
| Co-operative |  |  |  |
| Speaks/Answers politely |  |  |  |
| Good concentration |  |  |  |
| Controls Self-will |  |  |  |
| Moves onto next task well |  |  |  |
| Settles down to Routine |  |  |  |
| **Conduct in Practical Environment** | **Yes** | **No** | **If No Explain** |
| Can be trusted with tools |  |  |  |
| Conducts themselves within safety guidelines |  |  |  |
| Stays on task |  |  |  |
| Is Co-ordinated and has no problem with practical tasks |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are there any issues regarding:** | **Yes** | **No** | **If Yes Explain** |
| Physical violence |  |  |  |
| Verbal violence |  |  |  |
| Fire Setting |  |  |  |
| Hoax calls |  |  |  |
| Disabilities |  |  |  |
| How do you think the student will benefit from the course? |

**Equality Monitoring form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** |  | Male |  | Female |  |  |  |
| **Ethnic Origin** | **White** | British |  | Irish |  |  |  |
|  |  | Any other white background |  | Please specify |  |  |  |
|  | **Gypsy and Traveller** | Romany Gypsy(of English, Scottish or Welsh origin) |  | Irish Traveller |  | Roma |  |
|  | **Mixed** | White & Black Caribbean |  | White & Asian |  | White and Black African |  |
|  |  | Any other mixed background |  | Please specify |  |  |  |
|  | **Asian or Asian British** | Indian |  | Pakistani |  | Bangladeshi |  |
|  |  | Any other Asian background |  | Please specify |  |  |  |
|  | **Black or Black British** | Caribbean |  | African |  |  |  |
|  |  | Any other Black background |  | Please specify |  |  |  |
|  | **Chinese or other ethnic group** | Chinese |  | Any other ethnic group |  | Please specify |  |
| **Disability** | **Do you consider yourself to be disabled** | Yes |  | No |  |  |  |
| **Age**  | **9** |  10 |  |  11 |  |  12 |  |