**DCS Assessment of Supportability (OES Form 103: 0-5 yrs)**

**This form should be completed by the child’s current setting or lead professional working with the child within 5 working days of receipt. Parents should be copied into the return email.**

**If the child is not in any childcare or education, parents to complete and return.**

All children aged 0-18 years of age require confirmation of educational supportability before accompanying their parent on an overseas assignment.

**Instructions:**

* **This form should be completed for all children 0-5 years of age.**
* Please complete **one OES Form 103 per child**.
* This form should be completed by **an appropriate education professional** (e.g., setting manager, SENDCo, Room leader).
* Where a field does not apply to your school/setting, please indicate not applicable (N/A).
* Please provide all contact details for your school/setting so that DCS staff can contact you, as required.
* If you require any support in completing this form, please contact the DCS School/Setting or the Overseas Education & Supportability (OES) team (RC-DCS-HQ-OES@mod.gov.uk).

**When completed:**

* If moving to an area supported by DCS Schools/Settings, please send the completed form to the setting directly (cc’d parents), unless transferring from Northern Ireland.
* If transferring from Northern Ireland, please send the completed form to the OES team (RC-DCS-HQ-OES@mod.gov.uk).
* If moving to any other overseas area not supported by DCS Schools/Settings, please send the completed form to the OES team (RC-DCS-HQ-OES@mod.gov.uk), (cc’d parents).

**Section 1: Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Legal Surname: |   | First Name(s): |   |
| Family Name (if different): |   | Gender (+/or pronouns): |   |
| Date of Birth:  |   | Year Group: |   |
| Start date at current school:  |   | Attendance (%): |   |
| Serving person with parental responsibility: |   |

**Section 2: Current Educational Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Early Years Setting [ ]  | Child Minder [ ]  | Nursery Class [ ]  | At home [ ]  | Other [ ]  |

|  |  |
| --- | --- |
| Name of school/setting: |   |
| Name of the educational professional completing this form:  |   |
| Job title:  |   |
| Phone:  |   |
| Email: |   |
| Name of SENDCo:  |   |

**Section 3: General Educational Information**

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| **Milestones:**(Please explain where the child is in relation to their developmental milestones. Please attach copy of profile, if possible.) |
|   |
| **Two Year Progress Check:**(Please give information about the child’s two-year progress check, if applicable) |
|   |

**Section 4: Additional Needs**

|  |
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| **Please tick the box below that best describes your child:**  |
| 1. Additional Needs - None
 | [ ]  |
| 1. Additional support – e.g., communication, reading, handwriting, physical, emotional and/or behavioural support.
 | [ ]  |
| 1. Special Educational Needs/Additional Learning needs i.e., has an individual support plan.
 | [ ]  |
| 1. Has any one of the plans listed below:
* Education Health and Care Plan – EHCP (England)
* Service Children’s Assessment of Need – SCAN (DCS Schools)
* Individual Development Plan – IDP (Wales)
* Co-ordinated Support Plan – CSP (Scotland)
* Statement (NI)
 | [ ]  |
| **If you have checked boxes 2, 3 or 4 please provide a description of the child’s needs:**  |
|   |

**Section 5: External Agencies**

|  |
| --- |
| **Please tick the relevant boxes below (if none, please ensure you tick none):**  |
| **Agency involvement**  | **None** | **Past** | **Date support ended** | **Current** |
| Speech and Language Therapy | [ ]   | [ ]   |   | [ ]   |
| Physiotherapy | [ ]   | [ ]   |   | [ ]   |
| Educational Psychology | [ ]   | [ ]   |   | [ ]   |
| Occupational Therapy | [ ]   | [ ]   |   | [ ]   |
| Advisory Teacher/LEA SEND Support | [ ]   | [ ]   |   | [ ]   |
| Child and Adolescent Mental Health Services (CAMHS) | [ ]   | [ ]   |   | [ ]   |
| Paediatrician | [ ]   | [ ]   |   | [ ]   |
| Social Care | [ ]   | [ ]   |   | [ ]   |
| Health Visitor | [ ]   | [ ]   |   | [ ]   |
| Portage | [ ]   | [ ]   |   | [ ]   |
| Other Agencies not listed above (for example, Sensory Impairment Services e.g., vision/hearing): | [ ]   | [ ]   |   | [ ]   |
| **If Sensory Impairment, please provide additional details:**  |
|   |

**Section 6: Attachments linked to Sections 5 & 6**

|  |
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| **Following sections 5 & 6, please attach copies of all relevant information and reports with this form. Please list the attachments below:**  |
| **Document:**  | **Author:**  | **Date of document/report:**  |
|   |   |   |
|   |   |   |
|   |   |   |

**Section 7: Safeguarding and/or social care support needs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of need** | **Yes** | **No** | **Date support ended** | **Current** |
| Safeguarding file exists for this child  |[ ] [ ]   |  |
| Early Help, TAC, or other early intervention support  |[ ] [ ]   |[ ]
| Child in Need  |[ ] [ ]   |[ ]
| Child Protection Plan  |[ ] [ ]   |[ ]
| The MOD assumes responsibility for entitled family members when moving overseas and needs to ensure best safeguarding practice is followed, where possible. If the answer is ‘Yes’ to any of the above, DCS may follow up to facilitate the transfer of records, where appropriate, subject to policies on international data transfers under UK GDPR. For safeguarding purposes, DCS will also seek confirmation that this transfer has taken place. Parents should be aware that if there is a safeguarding record held, additional information may be requested to support decision making in relation to supportability for the overseas placement. |
| Please provide name and contact details of your Designated Safeguarding Lead below:  |
| Name:  |   | Email:  |   |

**Section 8: Medical Needs which impact Education**

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| In some overseas locations, support for physical and/or medical needs may be limited. Please briefly outline any medical needs (which may impact education) and list additional support requirements relating to the child/young person’s physical or medical needs (for example, a visualiser, adapted seating or a hearing aid loop, requirements for medication to be administered within school e.g., EpiPen). |
|   |

**Section 9: Professional Declaration**

This signature completes the OES Form 103. Without this signature and full contact details, the form cannot be processed further by DCS.

Signature: By adding my electronic signature, or typing my name, I am signing this form as confirmation that, to the best of my knowledge, the information within this form is correct.

|  |  |
| --- | --- |
| Signed: |   |
| Full Name:  |   | Date: |   |