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**A Day in the School Life of**

|  |  |
| --- | --- |
| **Child’s name** |  |

(Please complete with examples of differences/difficulties and support provided by adults to give a picture of the CYP day to day experience of school. The information will be considered by SEND panel alongside the requests made).

**MY ARRIVAL AT SCHOOL**

*… will show how I feel about school, and what I enjoy doing at the start of my school day.*

|  |  |
| --- | --- |
| When I arrive at school,  | I… |
| Adults can help me, | By… |

**MY LEARNING TIMES**

|  |  |
| --- | --- |
| During learning times,  | I… |
| Adults need to… | By… |

**MY BREAK AND LUNCH-TIME**

|  |  |
| --- | --- |
| During break and lunch-time,  | I… |
| Adults can help me, | By… |

**THE WAY MY DAY ENDS**

|  |  |
| --- | --- |
| I get ready to go home, | By… |
| Adults can help me, | By… |

**SUMMARY OF MY SCHOOL DAY**

*In summary. I would like you to know about my friends, what is difficult for me, what I need to learn, and what I enjoy doing the most:*

|  |
| --- |
|  |