



Visual Impairment Network for Children & Young People

Interagency Advisory Report

| | | | |
|-----------------------------------------------------|-----------------------------------------|--------------------------------------------|----------------------------------------|
| Local Authority Area: | | | |
| Reason for the Report: | Initial <input type="checkbox"/> | Transition <input type="checkbox"/> | Update <input type="checkbox"/> |
| Name: | | | |
| Date of Birth: | | | |
| Address: | | | |
| Telephone Number: | | | |
| Parent/Carer: | | | |
| School Attended: | | | |
| VINCYP consent: | Yes | No | N/A |
| Date of meeting: | | Date form completed: | |
| Present: | | | |
| Not present but need copy of advisory report | | | |

| Agencies Actively Involved at Present | Contact Person | Telephone Number |
|----------------------------------------------|-----------------------|-------------------------|
| | | |

MEDICAL SUMMARY:

EDUCATION SUMMARY:

HABILITATION SUMMARY:

CYP/PARENT/CARER CONCERNS:

OTHER:

| | Assessment/Input | Ongoing/Support/Review |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|
| <p>Assessments</p> <p>Ophthalmology</p> <p>Joint Functional Vision Assessment</p> <p>Low Vision Aids</p> <p>Technology</p> <p>Developmental (including SALT,OT,Physio)</p> <p>Social Work</p> <p>Area of Support Communication</p> <p>Social Skills</p> <p>Education ASN</p> <p>Orientation and Mobility</p> <p>Independence</p> <p>Leisure/Social Activities</p> <p>Emotional Wellbeing</p> <p>Other</p> | | |

ACTION PLAN

| Action Item: | Person Responsible | Deadline | Completed |
|-------------------|--------------------|----------|-----------|
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| Action Item: | Person Responsible | Deadline | |
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| Action Item: | Person Responsible | Deadline | |
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| Plan Review Date: | | | |

New Referrals

VINCYP Standard 12:

In each Local Authority - Health, Education, Habilitation and VI support agencies meet on a regular basis to identify and review the needs of each individual child with VI and produce an interagency advisory report for each child within 8 months of identification

Assessment Dates

Paediatric

QTVI

Qualified Habilitation Specialist

Social Work /Voluntary Agency

Other

Identified Gaps in Services