

DCS Assessment of Supportability (OES Form 102: 5-18 yrs)

This form should be completed by the child's current school and returned within 5 working days of receipt. Parents should be copied into the return email.

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 5-18 years of age.
- Please complete **one OES Form 102 per child**.
- This form should be completed by an **appropriate education professional** (e.g., Head Teacher, SENDCo, Class Teacher).
- 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 school 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, 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 <input type="checkbox"/>	Primary School <input type="checkbox"/>	Secondary School <input type="checkbox"/>	College/Post 16 <input type="checkbox"/>
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Name of school:	
Name of the educational professional completing this form:	
Job title:	
Phone:	
Email:	
Name of SENDCo:	

Section 3: General Educational information

<p>Attainment:</p> <p>(Please provide a narrative statement below, including a summary of the child’s performance relative to their age-related expectations. Please also share any reports relating to attainment and behaviour, as appropriate).</p>

Section 4: Additional Needs

Please tick the box below that best describes your child:	
1. Additional Needs - None	<input checked="" type="checkbox"/>
2. Additional support – e.g., communication, reading, handwriting, physical, emotional and/or behavioural support.	<input type="checkbox"/>
3. Special Educational Needs/Additional Learning needs i.e., has an individual support plan.	<input type="checkbox"/>
4. Has any one of the plans listed below: <ul style="list-style-type: none"> • 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) 	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Educational Psychology	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Advisory Teacher/LEA SEND Support	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child and Adolescent Mental Health Services (CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Social Care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Portage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Agencies not listed above (for example, Sensory Impairment Services e.g., vision/hearing):	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
If Sensory Impairment, please provide additional details:				

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Section 6: Attachments linked to Sections 5 & 6

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	<input type="checkbox"/>	<input type="checkbox"/>		
Early Help, TAC, or other early intervention support	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child in Need	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child Protection Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<p>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.</p> <p>For safeguarding purposes, DCS will also seek confirmation that this transfer has taken place.</p> <p>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.</p>				
Please provide name and contact details of your Designated Safeguarding Lead below:				
Name:		Email:		

Section 8: Medical Needs which impact Education

<p>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).</p>

Section 9: Professional Declaration

This signature completes the OES Form 102. 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:	