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|  | **Diagnostic Assessment Policy / Agreement****regarding COVID-19**Alison Cromwell (Assessor) |

The following policy has been designed in the light of advice from SASC (The SpLD Assessments Standards Committee) and PATOSS (The Professional Association of Teachers of Students with Specific Learning Difficulties), with whom Alison Cromwell holds a current practicing certificate. This Policy will be updated as required.

PATOSS has agreed that face to face Diagnostic Assessments can recommence on 1st June 2020 and as such, our policy for attendance at these meetings, is as follows:

**Please do not attend a Diagnostic Assessment if you:**

* Have flu-like symptoms or have been in close contact with someone who has a confirmed case of COVID-19 in the last 14 days
* Have travelled to the UK in the last 14 days
* Feel that an underlying health condition is likely to put you at increased risk should you contract the virus (high blood pressure, heart disease or diabetes etc).

**The following provisions have been implemented to ensure that both clients and assessors remain safe from infection, during a Diagnostic Assessment meeting.**

1. As PATOSS has advised that assessors do not travel to assessments, the meeting will take place at the assessor’s home:

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| Cholwell HouseThe Batch, ButcombeBristol. BS40 7UY | Phone: 07761755012Email: contourassessments@icloud.com |

1. The assessor will provide gloves, masks and/or visors for use during the assessment, along with hand washing facilities.
2. The assessment will take place in a well-ventilated room, large enough to maintain appropriate social distancing protocols. No materials will be shared during the assessment.
3. It is recommended that clients bring their own food and water.

**Assessor / Client Agreement**

We the undersigned agree that a Diagnostic Assessment meeting can take place.

We guarantee that none of the people due to attend the above meeting, (nor those normally resident in the assessor’s home), have had any Covid 19 symptoms for 14 days, prior to signing this agreement.

We agree that should we develop such symptoms at any time following the assessment meeting, we accept full responsibility for having attended the assessment and will inform all those present.

We agree that if such symptoms appear, between signing this document and the date of the assessment, the assessor /client should be contacted and a new assessment date agreed.

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| **Signed**: |  | **Assessor** | Date |  |
| **Signed** |  | **Client / Representative** | Date |  |