**DCS Assessment of Supportability (OES Form 104: currently EHE)**

**This form should be completed where a child is currently being electively home educated and returned within 5 working days.**

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 who are currently being electively home educated.**
* Please complete **one OES Form 104 per child**.
* This form should be completed by the **person providing education**.
* Where a field does not apply to you, please indicate not applicable (N/A).
* Please provide all contact details 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](mailto:RC-DCS-HQ-OES@mod.gov.uk)).

When completed:

* If moving to an area supported by DCS Schools/Settings and **not** intending to continue EHE, please send the completed form to the school/setting directly, 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](mailto:RC-DCS-HQ-OES@mod.gov.uk)).
* If moving to any other overseas area, please send the completed form to the OES team ([RC-DCS-HQ-OES@mod.gov.uk](mailto:RC-DCS-HQ-OES@mod.gov.uk)).

**Section 1: Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Legal Surname: |  | First Name(s): |  |
| Date of Birth: |  | Year Group: |  |

**Section 2: General Educational information**

|  |
| --- |
| **Attainment and development milestones:**  (Please provide as much information as possible about your child’s current achievement. Please attach any evidence that you think reflects their current work). |
|  |

|  |
| --- |
| **Two Year Progress Check:**  (If your child is in the early years, please give information about the child’s two-year progress check, if applicable). |
|  |

|  |
| --- |
| **Current provision:**  (Please give information about the current curriculum you are following with your child). |
|  |

**Section 3: Medical Needs which impact Education**

|  |
| --- |
| 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 4: Declaration**

This signature completes the OES Form 104. 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: |  |