

METROPOLITIAN BOROUGH OF STOCKPORT
PROPOSED ASSESSMENT OF SPECIAL EDUCATIONAL NEEDS

PARENTAL/GUARDIAN CONTRIBUTION TO ASSESSMENT OF SPECIAL
EDUCATIONAL NEEDS

CHILD

Surname:	Other names:
Home Address:	Date of Birth:
	Sex:
	Home Language:
	Religion:
Postcode:	Ethnicity:

CHILD'S PARENT(S) OR GUARDIANS(S)

Mr/Mrs/Ms etc. Surname:	Other names:
Home Address:	Relationship to child:
	Tel: (Home)
Postcode:	Tel: (Work)

ANY OTHER ADULT(S) WITH PARENTAL RESPONSIBILITY

Mr/Mrs/Ms etc. Surname:	Other names:
Home Address:	Relationship to child:
	Tel: (Home)
Postcode:	Tel: (Work)

1. When did you first feel that your child had difficulties and what action was taken?

2. Does your child have a medical/health problem which affects his/her learning?

3. What do you feel your child's educational needs are?

4. What is your child good at, or enjoy doing?

5. Is there any other information you would like to give?

(a) About the family – Major events that might affect your child?

(b) Views expressed by your child:

The local authority will automatically consult your child's school and agencies such as School Medical Officer (Including Speech and Language Therapy, Occupational Therapy and Physiotherapy), Education Psychology, Stockport Social Services and the Behaviour Support Service.

Please provide details of any additional relevant information you are providing or intend to provide:

(Please Note: Reports prepared during the past 12 months are sufficient for the purpose of arriving at a satisfactory assessment)

Parent(s)/Guardian(s) Full Name:

Date: