

Questions about your Child and their Needs

Name of applicant:

DOB:

Filled in by (relationship to applicant):

Date:

A. Statement of Special Educational Needs or Education Health & Care Plan

Does your child have a Statement or an EHCP? If so, when was this awarded and by which Local Education Authority?

Since the Statement or EHCP which type of provision addressed your child's needs?

e.g. a special school (state type e.g. school for: sensory impairment; severe learning difficulties; moderate learning difficulties; emotional, social and behavioural difficulties, Autism/social communication/language difficulties; dyslexia difficulties; physical/medical difficulties etc.

e.g. additional support via mainstream education through Teaching assistant/Learning support assistant time

e.g. special unit for specific needs

Currently does your child have the same difficulties as identified by the Statement/EHCP or has your child developed additional difficulties which were not addressed /identified by the Statement/EHCP?

Are you and/or your child supported for these additional difficulties currently?

B. Diagnoses and labels

**Has your child been given any formal diagnoses or labels to describe his/her set of difficulties?
If so, which professional(s) was/were responsible for providing these labels and when?**

What happened as a result of being diagnosed with the label?

e.g. did the school/provision provide extra support?

e.g. did the professional who labelled your child provide extra support/advice/medication/therapy as a result of the diagnosis?

e.g. did you get any extra support at home for you and/or your child?

C. Managing your child's needs

In your view, what is the greatest difficulty that your child presents with currently?

How does this affect your life at home?

As a result of your child's difficulties has s/he ever needed to be physically restrained by school staff or others? If so, please describe what happens typically.

Does s/he present with a pattern of aggression from time to time? If so, describe what happens typically.

Does she/he withdraw from taking part in everyday activities? When is this most likely to happen?

If s/he experiences anxiety, mood swings, depression or engages in self harm please provide details.

Does s/he experience difficulties with attention, concentration or hyperactivity? If so, describe what happens typically.

Under what conditions does your child present with the greatest difficulties?

D. Positive experiences

Under what conditions does your child do well?

In your opinion what are the best strategies and approaches to use with your child when things become difficult?

What are your child's talents and strengths?

Would you like to give any additional information?

Thank you for your time in filling in this questionnaire.
Navraj Matharu
Educational and Child Psychologist