

Supporting Information from Education Setting

Education setting considering the need for a health assessment for a child with additional needs (SEN/D)

Questionnaire to be completed by SENCo for the health professional

All sections must be completed by school/SENCo/Pastoral support

Child Name: Click here to enter text.

D.O.B: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Current School Setting: Click here to enter text.

1) Is there a specific question that you are asking the health professional?

What outcomes do you hope will be achieved as a result of health assessment?

Click here to enter text.

2) Describe the main difficulties/concerns/problems

Click here to enter text.

3) How long has this been a problem?

Click here to enter text.

4) Describe the impact of these needs on the child and on their peer group

Click here to enter text.

5a) List the steps taken/service input taken to date (give evidence of universal, targeted, and specialist services). What was the outcome of this input?

Click here to enter text.

5b) Have any of the health therapies (S<, OT, PT) been involved? (please give date of last contact and name of therapist)

Click here to enter text.

5c) Please provide reports from EP and ATS, or advise why they have not been consulted:

- Educational Psychology**
- Advisory Teaching Service**
- Not involved** [Click here to enter text.](#)

6) Please provide relevant family information (with consent)

Click here to enter text.

7) Describe family support services in place outside core school provision

Click here to enter text.

8) SEN level and progress

MyPlan MyPlan+ EHCP Other Click here to enter text.

Additional parent/carer comments

Click here to enter text.

Additional information/reports from parents have been supplied and are enclosed

Form completed by: Click here to enter text.

Date: Click here to enter text.

Signature

Role: SENCo Pastoral Support Other Click here to enter text.

Parent/Guardian name: Click here to enter text.

Date: Click here to enter text.

Parent/Guardian signature

Once this document has been completed, please pass to the GP with any relevant reports attached