**SEND DEPARTMENT**

**(Special Educational Needs & Disabilities)**

**INFORMATION GATHERING SHEET FOR NEW INTAKE (Part 4)**

If your child has a special educational need or a disability please complete the details below.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Pupil: |  | Date of Birth: |  |
| Primary School: |  | | |

1. If your child has any specific difficulties with work at school please outline these below:
2. If your child has any diagnosed special educational need or disability please outline these below (and **provide copies of reports from professionals**):
3. Please detail below how your child’s current school helps them:

1. What help does your child receive now? (Please put a **X** in each appropriate box)

|  |  |  |  |
| --- | --- | --- | --- |
| Literacy/Reading/Spelling |  | Speech & Language/Social & Communication |  |
| Maths |  | Organisation/Remembering things |  |
| Handwriting/Writing things down |  | Physio/occupational therapy |  |

1. Is your child on the **SEN Register** at their current school? (Please put a **X** in the box below)

|  |  |  |  |
| --- | --- | --- | --- |
| SEN Support (K) |  | Education Health Care Plan (E) |  |

1. Have you met with an outside agency regarding your child’s progress? (Please put a **X** in the appropriate boxes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Educational Psychologist |  | Education Welfare Officer |  | Speech & Language Therapist |  |
| CAMHS (Child & Adolescent Mental Health Service) |  | Social Worker |  | Teacher for Visually Impaired |  |
| Physiotherapist/  Occupational Therapist |  | Child & Family Counsellor |  | Teacher for Hearing Impaired |  |
| Other (please state): | | | | | |

PLEASE COMPLETE AND RETURN VIA EMAIL TO

[Dataoffice@emmbrook.wokingham.sch.uk](mailto:Dataoffice@emmbrook.wokingham.sch.uk)

THANK YOU