

SOLIHULL EDUCATION AND CHILDREN'S SERVICES ANNUAL REVIEW – PARENT INFORMATION

1 DETAILS OF YOUR CHILD

Child's Name:	Date of Birth:	Male:	Female:
Address:	Home Language:		
	Ethnic Origin:		
Postcode:	Religion:		
Telephone Number(s):			

2 YOUR DETAILS

Please provide full names and addresses (if different) of each Parent/Carer responsible for the child

1	Title: (Mr, Mrs, Miss, Ms, Other)	2	Title: (Mr, Mrs, Miss, Ms, Other)
	Name:		Name:
	Address:		Address:
	Post Code:		Postcode:
	Contact Number and Email Address:		Contact Number and Email Address:

3 SCHOOL DETAILS

Name of School:	Year Group/Class:
Start Date:	
Days/Times Attending:	
Address:	
Postcode:	
Contact Number:	
Contact Person:	

4 DETAILS OF OTHER PROFESSIONALS INVOLVED WITH YOUR CHILD

(eg speech therapist, physiotherapist, psychologist)

Name	Agency	Contact Number

5 YOUR CHILD'S SPECIAL EDUCATIONAL NEEDS

Please tell us about any changes in your child over the last year or since you last gave your advice.

In what areas has your child made most progress? (Think about targets set at the last Review)

What notable achievements or successes have there been.

What are your main concerns since the last Review? (Targets not met, new needs, slow progress)

Which areas would you like us to concentrate on and develop during the next year?

Have you any concerns about your child at school?

Do you feel you need extra advice or support?

Have there been, or do you expect any changes in your family circumstances which you think we should know about? (New baby, moving house, bereavement, holiday, family upset)

Any other comments? Please continue on another sheet if necessary.

6 HEALTH AND MEDICAL ISSUES

Are there any health or medical issues that have changed over the last year or since you last gave your advice? Please tick:

Visual	Hearing	Speech and Language	Physical	Other medical
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If yes, please give date of referral and/or test, and brief details of results:

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Please return this form and any additional information to your child's school.

Mrs/Miss/Ms (PRINTED) _____ Signed _____

Mr (PRINTED) _____ Signed _____

Dated _____