

# SOLIHULL EDUCATION AND CHILDREN'S SERVICES PARENTAL REQUEST FOR STATUTORY ASSESSMENT

<b>1 DETAILS OF YOUR CHILD</b>			
Child's Name:	Date of Birth:	Male:	Female:
Address:	Home Language:		
	Ethnic Origin:		
Postcode:	Religion:		
Telephone Number(s):			

<b>2 YOUR DETAILS</b>			
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:
	Postcode:		Postcode:
	Contact Number and Email Address:		Contact Number and Email Address:

<b>3 SCHOOL DETAILS</b>	
Name of School:	Previous School:
Start Date:	Start Date:
Days/Times Attending:	End Date:
Address:	
Postcode:	
Contact Number:	
Contact Person:	

<b>4 DETAILS OF OTHER PROFESSIONALS INVOLVED WITH YOUR CHILD</b> (eg speech therapist, physiotherapist, psychologist)		
Name	Agency	Contact Number

<b>5 REASON FOR REQUEST</b>			
Please tick in which area(s) your child is having difficulties:			
Communication and Interaction		Cognition and Learning	
Emotional, Social and Behavioural		Sensory and/or Physical	
Medical Conditions			
Please tell us about your child and why you are requesting a Statutory Assessment (please use additional sheets as required)			

<b>6 HEALTH AND MEDICAL ISSUES</b>				
Are there any health or medical issues that are affecting your child's learning? Please tick:				
Visual	Hearing	Speech and Language	Physical	Other medical
If yes, please give date of referral and/or test, and brief details of results:				

Please sign and return this form and return any additional information to:

Inclusion and Access Team  
 Education and Children's Services  
 Solihull MBC  
 PO Box 20  
 Council House  
 SOLIHULL B91 9QU

email : sen@solihull.gov.uk

Mrs/Miss/Ms (PRINTED) \_\_\_\_\_ Signed \_\_\_\_\_

Mr (PRINTED) \_\_\_\_\_ Signed \_\_\_\_\_

Dated \_\_\_\_\_

## PARENTAL ADVICE

You may write a lot in some boxes or little or nothing in others  
You can write on extra paper if you wish

**FAMILY AND SOCIAL RELATIONSHIPS** – Who lives in the household and how they relate to the child/young person?

What is your child good at? What does he/she enjoy doing?

What does he/she **NOT** enjoy doing?

**HEALTH:** Please tell us about any serious illnesses or accidents; any medication he/she is taking; problems with eating, sleeping, hearing or seeing. Is your child accessing health services (eg dentist, GP, optician) appropriate to their age?

**SELF-CARE SKILLS AND INDEPENDENCE:** Taking care of himself/herself: toileting, dressing, feeding, road sense, etc. How far can they manage routine tasks for themselves?

**EMOTIONAL AND SOCIAL DEVELOPMENT:** How well does your child or young person cope with everyday life, eg their attitudes and temperament, any phobias or psychological difficulties? Are there any major events which have made a difference in your child's life?

**PHYSICAL DEVELOPMENT:** Physical skills, ie sitting, walking, running, cycling, ball games.

Hand and finger skills, using pencil, etc.

**SPEECH, LANGUAGE AND COMMUNICATION DEVELOPMENT:** Talking, signing, what they communicate (describing, explaining, chatting).

Ability to follow instructions.

Ability to join in conversation.

**BEHAVIOURAL DEVELOPMENT:** Behaviour at home - how well does your child or young person get on with family and friends? How well behaved is your child or young person, eg do they demonstrate any anti-social, aggressive or withdrawn behaviours?

**GUIDANCE AND BOUNDARIES:** How does your child or young person respond to appropriate guidance and discipline at home and elsewhere?

**UNDERSTANDING, REASONING AND PROBLEM SOLVING:** How well does your child or young person understand and organise information, reason and problem solve?

**PARTICIPATING AND LEARNING AND EDUCATION:** How does your child or young person engage in learning whether through play, early years setting or school? What does your child or young person tell you about school or setting – does he/she like going to school or setting?

**ASPIRATIONS:** What are your hopes and concerns for your child or young person's future?

What kind of help do you think your child needs to learn?

**Is there anyone else we should ask for information about your child? Give their names, address and telephone number if possible.**

**Do you need to tell us more?**