



West London
NHS Trust

Child and Adolescent Mental Health Service

48 Glenthorne Road

Hammersmith

London W6 0LS

Tel: 020 84831979/1940/1944

Website: www.westlondon.nhs.uk

www.westlondoncamhs.nhs.uk

Email: wlm-tr.hfcamhs@nhs.net

SCHOOL REPORT FORM

Name of Child:

DOB: Age:

School:.....

Name of person completing the form:

Role:

Learning:

Attendance: (please state)

Current learning levels: (please give National Curriculum levels):

Maths:

English:

Science:

Do you know whether this child has a learning difficulty? (for example, dyspraxia, dyslexia, speech & language difficulties)

YES NO

Has this child been seen by an Educational Psychologist?

YES NO

Is this child due to be seen by an Educational Psychologist?

YES NO

Is this child on the SEND register/have an EHCP ?

If the answer to any of the above is YES, please attach a copy of all relevant reports.

What are your primary concerns regarding this child?

Hyperactivity: (squirming, fidgeting, leaving their seat unexpectedly, unable to sit still, always on the go):

Impulsivity: (unable to wait their turn, rushes their work, shouts out answers, does things without thinking with untoward consequences at times etc.)

If there is anything else not covered, please continue here.

Thank you for your time and co-operation.