



All sections need to be fully completed. Failure to complete this form will delay assessment and the form will be returned for completion

School Assessment Form	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
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School	
Telephone Number	
Name of Child	
Class/Year	
Head Teacher	
SENCO	
Other Agency Involvement, (Educational Psychology, Social Services, EWO)	

	Yes	No
Known to SENCO		
Monitoring		
SEND Support		
Assessed by Educational Psychology		
Education Health and Care Plan (EHCP)		



Basic Skills	Level (mark with an x)	Comments
	Below average Average Above average <div> <div></div> <div></div> <div></div> </div>	
Reading	<div> <div></div> <div></div> <div></div> </div>	
Writing	<div> <div></div> <div></div> <div></div> </div>	
Spelling	<div> <div></div> <div></div> <div></div> </div>	
Language	<div> <div></div> <div></div> <div></div> </div>	
Numeracy	<div> <div></div> <div></div> <div></div> </div>	
Fine/Gross Motor Skills	<div> <div></div> <div></div> <div></div> </div>	

Behaviour in school, focusing on the following:

1. Classroom behaviour in lessons demanding settled attention and task completion
2. Behaviour responses to rules and discipline
3. Relationship with peers in play and co-operative work
4. General organisational skills
5. Apparent self-esteem

Any family difficulties known to school and any other factors that we should be aware of

What would the school like to see improved?



What issues are a priority to this child?

Consent

I can confirm that the child's parent/carer has given me verbal consent for a referral to the ADHD Service and that the department can request information from other agencies involved prior to the first appointment.

Signed..... Date.....