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| **School Pre-Assessment Questionnaire** |

An assessment is being carried out to clarify this child’s learning, emotional and/or behavioural needs. Information from the current school will be very useful and help to provide a wider context in which to place these needs. If this assessment is required to potentially be used as part of an application for exam access arrangements, under JCQ regulations, then we would strongly advise that you discuss this with the individual's school or college prior to the assessment. This is so that the school/college can supply information about the individual's normal way of working within this environment which will ensure that any recommendations for support in exams reflect this. Your support is therefore appreciated.

**All information will be treated confidentially.**

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| **Personal Information** |

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| **Child’s full name** |
| **School** |
| **Year group** |
| **Name of person completing this form** |
| **Title (Mr/Mrs/Ms/Miss)** |
| **Role in School** |
| **Date form completed** |
| **School SENCO contact details** |

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| **Parents’/ guardians’ Information** |

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| --- |
| **Full Name(s)** |
| **Title (Mr/Mrs/Ms/Miss)** |
| **Relationship to child** |
| **Address** |
| **Postcode** |
| **Mobile number(s)** |
| **Email Address** |

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| **School Performance** |

**Please provide details about the child’s National Curriculum attainments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SATs / end of Key Stage results** | **English** | **Maths** | **Science** |
| Key Stage 1 |  |  |  |
| Key Stage 2 |  |  |  |
| Key Stage 3 |  |  |  |

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| Did the child pass the Phonics Test?  | Y / N |
| If yes was that at the end of year one or year two?  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** |  | **Below Average** | **Average** | **Above average** |
| **Speaking and listening** |  |  |  | **Reading accuracy** |  |  |  |
| **Humanities** |  |  |  | **Reading comprehension** |  |  |  |
| **PE** |  |  |  | **Writing** |  |  |  |
| **Art** |  |  |  | **Spelling** |  |  |  |
| **DT** |  |  |  | **Maths** |  |  |  |
| **ICT** |  |  |  | **Science** |  |  |  |
| **Other:** |  |  |  |  |  |  |  |

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| **Please details any recent assessments including test names, dates, and results:** |

**Does the child have any difficulty with:**

|  |  |
| --- | --- |
| Planning and organising written work? | Y / N |
| Getting started with written work? | Y / N |
| Copying from the board? | Y / N |
| Remembering instructions? | Y / N |
| Is there a discrepancy between the child’s verbal ability and written work?  | Y / N |
| Is this child being monitored for Special Educational Needs?  | Y / N |
| Is there an individual Education Plan (IEP)/Personalised Learning Plan (PLP)?  | Y / N |
| Please detail any current support/provision this child is receiving: |
| Who gives this support (role in school)? |
| What type of support? |
| Length of session(s)? |
| Frequency of support (times per week)? |

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| Please provide evidence/information of the child’s normal way of working and relevant background information if this assessment may be used as evidence for exam access arrangements. |
| Has this child been discussed/assessed/monitored by any external agencies, e.g. Educational Psychologist, Behaviour support, Learning support etc.  | Y / N |
| If YES, please give details: |
| **If the child has an Educational Health and Care Plan, please attach a copy of the most recent Annual Review or other relevant information**  |

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| **Literacy** |

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| **Please describe the child’s current strengths and difficulties with Literacy:** |

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| **Numeracy** |

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| **Please describe the child’s current strengths and difficulties with Numeracy:** |

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| **Memory, Attention and Concentration** |

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| --- | --- | --- |
| **Does the child have difficulties with memory, attention and concentration?**  | Yes | No |
| If yes, please provide further details:  |
| **Attitude to work – please tick/highlight all that apply:** |
| Keen |  | Distracts others |  |
| Independent |  | Competent |  |
| Works well with help |  | Slow |  |
| Distractible |  | Lacks interest |  |

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| **Speech, Oral Language, Communication and Social Skills** |

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| --- | --- | --- |
| **Are there any current difficulties with speech, oral language or communication?**  | Yes | No |
| If yes, please provide further details:  |
| **Does the child have difficulties with social skills, behaviour, peer relationships or emotional adjustment?**  | Yes | No |
| If yes, please provide further details:  |
| **Does the child have difficulties with self-esteem and confidence?**  | Yes | No |
| If yes, please provide further details:  |

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| **Peer relationships – please tick/highlight all that apply:** |
| Popular |  | Withdrawn |  |
| Accepted |  | Better with younger children |  |
| Friendly |  | Avoids others |  |
| Dominant |  | Has one special friend |  |

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| **Organisational Skills** |

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| --- | --- | --- |
| **Does the child have good organisational skills?**  | Yes | No |
| If no, please provide further details:  |

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| --- |
| **Fine and Gross Motor Skills** |

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| --- | --- | --- |
| **Does the child have any difficulties with fine and gross motor skills e.g. body awareness, movement and balance?** | Yes | No |
| If yes, please provide further details:  |

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| **Strengths** |

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| **Please provide information about the child’s strengths, what they are good at school and what they enjoy doing:**  |

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| **Any Other Information** |

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| Please provide any other information that would be useful for the assessor to know and what your hope to get out of the assessment: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:**  |  | **Print name:** |  |
| **Position in school:** |  | **Dated:** |  |

**Your questionnaire will remain the confidential property of the parents, so please return your response to them.**

Thank you for your support and co-operation.