

**SCHOOL ASSESSMENT FORM**

**Surname:**

**Forename:**

**Address:**

**DOB**

**Hospital Number RXR:**

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| **SCHOOL:** |
| **CLASS / YEAR:** | **SENCO:** |
| **Other Agency Involved (Ed Psych / Specialist Teacher etc)** |
| **Has the child additional support in school (eg IEP / ESN Support Plan / Pupil Premium / Mental Health Support Team/ EHCP)** |

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| **Please report academic attainment – age equivalent levels****Please attach an Education Psychology, Specialist Teacher or any other relevant reports** |
| Reading:  |
| Writing: |
| Spelling: |
| Number: |
| Speech and Language: |
| Fine / Gross Motor Skills: |

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| **Behaviour in school, focusing on the following:*** **Classroom behaviour in lessons; disruptive, settled, attention, and task completion**
* **Behavioural response to rules and discipline**
* **Relationship with peers in play and co-operative work**
* **General organisational skills**
* **Apparent self esteem**
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| **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 priorities for the Child / Young Person** |
| **Person Completing Form:** | **Date:** |

**Please send, together with the Single Referral Form, to:** **CNPreferrals@elht.nhs.uk**

**Please attach an Education Psychology, Specialist Teacher or other relevant reports**