

**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**](mailto:CNPreferrals@elht.nhs.uk)

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