

NEWPORT CITY COUNCIL

STATUTORY ASSESSMENT

Parental Advice



**Please complete and return to:
The SEN Team, Room 329W, Civic Centre, Newport, NP20 4UR**

Introduction

The local education authority has decided to carry out a statutory assessment of your child's educational needs and we are now at the stage where we are seeking advice towards the assessment.

It is very important to us to receive the views of parents / carers. This form is your chance to let us know about your child. The questions are to help you write your advice but you do not have to use them if you would prefer to make a separate written contribution. Your contribution can be as short or as long as you wish.

There are no wrong answers – just say what you think. If there isn't enough room to write down all the information you want to send in, or you don't want to use the form, that's fine – just attach extra sheets or send in the information on plain paper.

If you would like some help in writing your advice, please contact Gavin Metheringham, the Parent Partnership Officer, on 01633 232357 who is available to help.

Please keep this front page for your records.

Parental Advice



Please complete and return by _____

Child's Details

Surname:

Forenames:

Date Of Birth:

Male / Female:

Address:

Tel:

Religion:

School Name:

Home Language:

Parent's Details

Surname:

Forenames:

Address:

Tel - Home:

Tel - Work:

Tel - Mobile:

Email address:

Relationship to child:

Religion:

Your Child's Early Years

1. What do you remember about the early years that might help?

2. What was your child like as a young baby?

3. Were you happy about progress at the time?

4. When did you first feel things were not right?

5. What happened?

6. What advice or help did you receive, and from whom?

What is your Child like now?

Tell us about their....

1. **General Health** – General health and fitness, diet, sleep patterns, any medical issues.
2. **Physical Skills** – Problems with mobility or coordination. Walking, running, jigsaws.
3. **Self-Help Skills and Level of Personal Independence** – Coping with day to day routines, getting out and about.
4. **Communication Skills** – Their speech. Describing events, joining in conversations, using the telephone.
5. **Playing and Learning at Home** – (e.g. favourite toys and activities, sharing games and toys. TV watching, book reading.)
6. **Activities Outside** – What does your child enjoy doing – clubs / activities?

7. **Relationships** - With family and other people; at home and outside the home.

8. **Behaviour at Home** - Cooperation, carrying out requests. Affectionate, moods, rules.

9. **At Pre-school / School** - Relationships with other children and staff; progress with reading, writing, mathematics, and activities at school. What is easy or difficult?

Your General Views

1. What do you think your child's special educational needs are?

2. How do you think these can be best met?

3. Do you feel that there are any major differences between your child and a child of similar age?

4. What does your child enjoy doing? Do you feel they have a particular interest that they do well?

5. Does your child express/show concerns over particular issues?

6. What are your worries or concerns?

7. Is there any other information you would like to give about the family, such as major events which may have affected your child?

8. How do you think your child's needs affect the family as a whole?

Signature _____ **Date** _____

If you have any other information or reports from other people you would like considered, please send them with this form to SEN Team, Room 329W, Civic Centre, Newport, NP20 4UR