

Direct Dialling: 01932 722126  
Children's Unit Fax No. 01932 723151

Dear Colleague

**RE:**

The above-named child has been referred to us, and his parents have given us permission to contact you for further information. We would, therefore, be grateful if you could answer the questions in Section 1.

Section 2 is for completion by the doctor or nurse attached to your school and we would request that you arrange for their comments to be included.

**Section 1**

1. Can you outline specific concerns, if there are any:

2. Do you consider her/him: (Please tick where appropriate.)

Below average intelligence		Average		Above average	
Under-achieving		Achieving consistent		Over achieving	

Strong subjects are:

Weak subjects are:

Receiving help with:

3. Any problems with school attendance:

4. Relationships with other children are described as:
  
5. Relationships with teachers and adults are described as:
  
6. The parents' relationship with the school is described as:
  
7. Ever been referred to EP or EWO Yes/No  
If Yes, who and when:
  
8. Have you knowledge of other children in the family?
  
9. Any other comments you would like to make:

Thank you for your help.

Report completed by:-

.....  
....

Title:.....  
..

Date:.....  
....

**Section 2 - School Health Service**

**Ref:**

**Name of child:**

1. Is this child known to you?
  
2. Are other children in this family known to you?
  
3. Outline nature and frequency of your involvement.
  
4. Are you aware of any other Health Service provision (e.g., Speech & Language Therapy) currently being offered to this child, or other children in the family?
  
5. Please note any information which you think may be helpful in our assessment of this child and family.

Thank you for your help.

Yours sincerely

Report completed by:-

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Title:.....  
...

Date:.....  
....