

Student Support questionnaire – Confidential



This form is intended for parents to complete, upon discussion with your son/daughter. The information provided will be kept in strict confidence and will enable us to form a complete picture of support needed. We will also be asking your school for this information, but we are interested in your views as well.

Name of student: _____

Entering year: _____

➤ Do you have a diagnosed Special Educational Need or Disability? Yes/No

If yes, please give details (include when diagnosis was first made and how it impacts your school life):

➤ Have you ever raised concerns or been assessed or for any Special Educational Need or Disability? Yes/No

If yes, please give details (include when you were assessed, what for and what the result was):

➤ Do you receive any support to help you with school work, e.g. literacy or numeracy? Yes/No

If yes, please give details (include issue/concern, how often, whether you are withdrawn from any lessons and what size group you work in): _____

➤ Do you receive any other kind of support, e.g. medical, emotional or self-confidence? Yes/No

If yes, please give details (include issue/concern, how often, whether you are withdrawn from any lessons and what size group you work in): _____

➤ Do you usually have any special exam provision, e.g. extra time, a reader, a laptop? Yes/No

If yes, please give details (include what the provision is and why you are entitled to it): _____

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➤ Is there any other information you think we should know about, in order to provide the best support we can? It is vital we have all information regarding any previous issues so we can ensure the correct support is provided. Please continue below if necessary.

➤ Are you or have you ever been part of a support plan? Yes/No

If so please circle either: Early Help Plan Child in Need Child Protection

Please provide the name of the person we should contact so we can ensure the process continues smoothly. _____

PLEASE ADD ANY OTHER INFORMATION YOU THINK RELEVANT ON THE BACK OF THIS PAGE.

Please request and submit a completed Health Care Plan if your son/daughter has any medical conditions and concerns (toilet passes and medication can only be administered if stated on a HCP).

Requests to: emma.jackson@energycoastutc.co.uk

Evidence will be required for all diagnosis and support strategies.

Additional information:
