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| Learning Support Team  Strengths & Needs  Parent/Carer Questionnaire |
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| |  | | --- | | Pupil Surname: | | Pupil Forename: | | Date of Birth: | | Name of person completing this form: | | Relationship to pupil: | | Previous school(s) attended: |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Developmental History**  *It is useful to have an overview of your child’s early life and development.* | | | | | |  | | | **Yes** | **No** | | Were there any difficulties during pregnancy? | | |  |  | | Was the pregnancy full term? | | |  |  | | Was delivery/birthing normal? | | |  |  | | Further details/comments: | | | | | | At what age did your child | | | | | | Sit up: | Crawl: | Walk: | | | | If your child did not crawl, please indicate how they moved around: | | | | | | At what age did your child begin to use a few words? | | | | | |  | | | **Yes** | **No** | | Was your child understandable by people (other than family) by the age of 3? | | |  |  | | Did or does your child mispronounce words? | | |  |  | | Did or does your child have difficulties with clarity of speech? | | |  |  | | Do they still experience difficulties? | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Hearing** | | | | | Did or does your child have any difficulty with hearing? | Yes | No | | | If yes, please provide details: | | | | | Is there a history of ear infections, glue ear or grommets? | Yes | No | | |  | | | | | Does your child wear hearing aids? | Yes | | No | | If yes, when did they start wearing them? | | | |  |  |  |  | | --- | --- | --- | | **Medical Information** | | | | Does your child have any underlying medical conditions?  e.g. epilepsy, cerebral palsy | Yes | No | | If yes, please give details: | | | | Is your child on any regular medication that may be relevant? | Yes | No | | If yes, please give details: | | |  |  |  |  | | --- | --- | --- | | **Family History** | | | | Have any family members experienced difficulties with spelling / reading / learning OR have a diagnosis of dyslexia? | Yes | No | | If yes, please indicate relationship to child and describe the difficulties: | | | | Is English the child’s first language? | Yes | No | | If no, please answer the following: | | | | Language spoken at home? | | | | Length of time in the UK or English-speaking country | | | | Does the child experience difficulties with literacy in their  first language? If yes, please provide details: | Yes | No | |

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| **Educational History** | | |
| Has your child’s schooling been disrupted in any way? | Yes | No |
| If yes please provide more information: | | |

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| **Strengths** |
| Please provide information about your child’s strengths. What they are good at? What hobbies do they enjoy? |

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| **Challenges** |
| Please provide information about your child’s weaknesses. At school, what do they struggle with? |

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| **Any Other Information** |
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| Signed: |  | Print name: |  |
| Relationship to pupil: |  | Date: |  |