

Patron: HRH Princess Beatrice

School Questionnaire

Child's full name:

Information is being gathered to clarify this child's learning, emotional and/or behavioural needs. Information from the current school will be very useful and help to provide a wider context in which to place these needs. Your support is therefore appreciated.

Date of Birth:

All information given will be treated confidentially

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Role in School:					Date form completed:				
School contact telephone/	email:								
Please provide details abou	t SATs	SATs/end of Key Stage results				glish Ma		Science	
this child's National	Key S	Stage 1							
Curriculum attainments:	Key S	Key Stage 2							
	Key S	Key Stage 3							
Current subject performand	e in relatio	n to peer g	group:	•		•			
	Above average	Average	Below Average				Above Average	Average	Below Averag
Speaking and listening				La	nguages (I	MFL)			
Reading accuracy					umanities				
Reading comprehension				PE					
Writing				Ar	t				
Spelling				Dī	Γ				
Maths				IC	Т				
Science				Ot	thers				
Please detail any recent a cognitive, etc.	assessmer	nts with te	st names, d	ates a	nd results	s, e.g. ι	eading, s	spelling,	



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Does the child have any difficulty with:

Gross Motor co-ordination	Yes/No	Fine Motor co-ordination Yes/No		
Remembering instructions	Yes/No	Self-organisation Yes/No		
Copying from the board	Yes/No	Getting started with written work Yes/No		
Planning and organizing written work	Yes/No	Continually losing things Yes/No		
Is there a discrepancy between the child's verbal ability and written work? Yes/No				

Does the child have a preferred learning style? Please tick/highlight any that apply:

Interactive Hands-on Visual Verbal Experiential Varied

Attitude to work – please tick/highlight all that apply:

Keen Independent Works well with Distractible Distracts Competent Slow Lacks interest help others

Peer relationships – please tick/highlight all that apply:

Better with Has one
Popular Accepted Friendly Dominant Withdrawn younger Avoids special
children others friend

Is this child being monitored for Special Educational Needs? Yes/No

Is there an individual Education Plan (IEP)/Personalised Learning Plan (PLP)? Yes/No

Please detail any current support/provision this child is receiving:

Who gives this support (role in school):

What type of support:

Length of session(s):

Frequency of support (times per week):

Has this child been discussed/assessed/monitored by any external agencies, e.g. Educational

Psychologist, Behaviour support, Learning support etc. Please give details:

If the child has a Statement of Educational Needs, please attach a copy of the most recent Annual Review or other relevant information

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Pleas	e outline your concerns, if any, regarding this child and your objectives for the assessment:
	I feel the child may qualify for an access arrangement in exams, please indicate which type consider may be appropriate:
to es	e child is in year 9 or above, a JCQ Form 8 has to be pleted for any required access arrangements. It is important stablish who will complete Form 8. I know, it is the responsibility of the school to fill in Section A & B. It is a JCQ requirement ection A is completed before an assessment takes place.
Please	provide a tick below to indicate:
A.	The school will fill in Section A of Form-8 in advance of the assessment and forward by email to questionnaires@helenarkell.org.uk. You are thereby indicating that you are happy for the Helen Arkell assessor to complete Section C.
B.	The school will assess for access arrangements, and will complete the whole of Form 8
them.	uestionnaire will remain the confidential property of the parents, so please return your response to Thank you for taking the time to complete this questionnaire. If you provide your e-mail address len Arkell Dyslexia Centre may contact you by email.
Arkel	e tick here if you would like to sign up to receive regular news from Helen I by email (You can unsubscribe at any time and we will not bombard you with emails or your details with third parties)