



The parents of this student have asked for our guidance on his/her abilities and difficulties in learning, and the management of any special needs which may be identified. We value the knowledge and experience you have of his/her education, and would, therefore, appreciate your co-operation in completing this form. It is likely that we shall incorporate what you say in our report.

SCHOOL QUESTIONNAIRE
FOR COMPLETION BY THE SPECIAL EDUCATIONAL NEEDS CO-ORDINATOR AND COLLEAGUES

Student's Name:

Date of Birth:

Age:

Address:

Telephone Number:

School:

Telephone Number:

1. Please describe your view of the extent, severity and persistence of any learning difficulties the student is currently experiencing (eg your observations of the accuracy and fluency of their basic skills and the amount of time and effort required to learn specific skills):

2. Please provide any information you have on the student's apparent ability and current attainments in relation to his/her age group (if appropriate, please provide photocopies of past reports):

3. Please describe any special abilities, strengths or interests the student has:

4. How do you feel the student's personal, social and emotional development is being impaired by his/her experience of learning difficulties?

5. What is the extent of special help, support and provision you have made available to help with this student's development? (Please provide photocopies of any relevant documents)

6. Any other information of relevance:

Name of Person completing Questionnaire:

Position:

Date:

Thank you very much for taking the time to complete this questionnaire.