

Parental Referral Form

**PARENTAL REPORT FORM**

Name		Date of birth	
Home address		Telephone number Home: Mobile: Email:	
<b>Family history</b>			
Mother's name		Occupation	
Father's name		Occupation	
Names of brothers and sisters		Dates of birth	
Does the child live with both parents at the address above?			
Have any family members had problems with:			
Speaking	Reading	Writing	Spelling
Mathematics	Behaviour	Concentration	Listening
Languages spoken at home:			
<b>Educational history</b>			
<b>Name of school (independent/LEA)</b>		<b>Dates attended</b>	
School Year:			
Reasons, other than age, for changing schools			
Has your child been assessed by an Educational Psychologist? If so please include.			
Has your child been involved in the statementing procedure?			
Has your child missed a lot of school?			
<b>Developmental history</b>			
Were there any problems during the pregnancy with your child?			
Pregnancy full term?			
Weight at birth			
Any problems in the early months?			
Sucking	Feeding	Fits	Other

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At what age did your child				
Sit up	Crawl	Walk	Show hand preference	
<b>Speech and language development</b>				
Age when child began to use a few words?				
Was he/she understandable outside the family by the age of 3 years?				
Were any sounds or words mispronounced?				
Has there been any Speech and Language Therapy involvement?				
<b>Medical history</b>				
Has your child had any serious illness?				
Any accidents?				
Any hospitalisations?				
Eczema or any allergies				
When was the most recent eye test?				
When was the most recent hearing test?				
Any history of ear infections?				
Have grommets been inserted?				
Has or had your child any difficulties with				
Hyperactivity	Sleeping	Eating	Tantrums	Concentration
Nightmares	Bedwetting	Discipline	Long silences	Toilet training
<b>Eating and feeding</b>				
Is your child on a special diet?				
Are any foods avoided?				
<b>Motor skills</b>				
Any co-ordination difficulties?				
Did your child or does your child still have any difficulties with the following:				
Throwing and catching a ball	Jigsaws	Lego	Colouring and drawing	Riding a cycle
Running	Stair climbing	Dressing	Doing up buttons	Tying shoe laces
Would you say your child was clumsy?				
Which hand does your child prefer?				

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<b>Social behaviour</b>	
Does your child have friends?	
Does your child relate well to adults?	
How does he/she relate to other children in the family?	
Please list any organisations, clubs, activity that your child attends out of school?	
<b>Activities and sport</b>	
Please list your child's favourite activities including sport:	
Does your child have any special interests or hobbies?	
What does he/she enjoy doing the most?	
Does your child have any dislikes?	
What are your particular concerns about your child?	
When did these concerns come to your attention?	
What are the school's particular concerns?	
Has your child expressed any concerns?	
Any other information that would be useful for me to know? (please add overleaf if necessary)	

I agree to my child having an Educational Psychologist's assessment and have read the terms and conditions:

Signed	Date
Relationship to student	

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