



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):

