

**Princes Risborough School**  
Learning Support Department

**Information on any Special Educational Needs**

Student name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current school \_\_\_\_\_ Currently in year \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

**1. Is your son/daughter on the current school's Inclusion register?**

**2. If yes, at what stage?**

a. SEND Support \_\_\_\_\_

b. EHC Plan \_\_\_\_\_

If he/she has an EHCP, what is the primary need? \_\_\_\_\_

**3. Do they have an Individual Education Plan (IEP), pupil passport, Person Centred Learning Plan or Provision Map? Y/N**

**4. Has your son/daughter been diagnosed with any of the following?**

Dyslexia	Dyspraxia	Speech & Language difficulties	Autism
Asperger Syndrome	Autistic Spectrum Disorder	ADD	Visual Impairment
Hearing Impairment	ADHD	Moderate Learning Difficulties	Other

**5. Has your son/daughter been referred to Child and Adolescent Mental Health Service (CAMHS) or The Educational Psychology Service (EP)?** Yes / No

**6. Please write here any additional information you think is important for us to know.**

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This will be passed to the Head of Learning Support