

Princes Risborough School SEND 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
Moderate Learning Difficulties	Autistic Spectrum Condition	ADD	Visual Impairment
Hearing Impairment	ADHD	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.

Please return to the school office (office@prsbucks.com) This will be passed to the SEND Team.