PARENTAL REPORT FORM

Name		Date of birth			
Home address		Telephone number Home: Mobile: Email:			
Family history					
Mother's name		Occupation			
Father's name		Occupation			
Names of brothers and sisters		Dates of birth			
	th both parents at the a				
	bers had problems wi	ih:			
Speaking	Reading	Writing Spelling			
Mathematics	Behaviour	Concentration	Listening		
Languages spoken a	t home:				
Educational history					
Name of school (inc		Dates attended			
	• •				
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?					
Developmental history					
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			

Dr. I Broadley, Chartered Educational Psychologist
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Parental Referral Form

At what age did	At what age did your child							
Sit up	Crawl	,	Walk		Show hand preference			
Speech and lan		ent						
Speech and language development 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?								
Medical history	Medical history							
Has your child had any serious illness?								
Any accidents?								
Any hospitalisati	Any hospitalisations?							
Eczema or any allergies								
When was the most recent eye test?								
When was the most recent hearing test?								
Any history of ea	Any history of ear infections?							
Have grommets been inserted?								
Has or had your	child any difficultie	oc with						
Hyperactivity	Sleeping	Eating		Tantrums	Concentration			
Nightmares	Bedwetting	Discipline	Э	Long silence				
Eating and feed	Ş	<u> </u>	-	g =====				
Is your child on a								
Are any foods avoided?								
Motor skills								
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 an drawing	d Riding a cycle			
Running	Stair climbing	Dressing		Doing up buttons	Tying shoe laces			
Would you say y	our child was clun	nsy?			1			
	s your child prefer							

Parental Referral Form

Social behaviour
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?
Activities and sport
Please list your child's favourite activities including sport:
Thease list your child's lavourite 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

Dr. I Broadley, Chartered Educational Psychologist <u>www.eduk8.uk.com</u> <u>Irene@eduk8.uk.com</u> Parental Referral Form