

## Parental Advice Form



## The Present:

### **GENERAL HEALTH**

*Eating and sleeping habits, general fitness, absences from school, minor illnesses – coughs and colds. Serious illnesses/accidents – periods in hospital. Any medicines or special diet? Does your child need careful supervision for medical reasons?*

### **PHYSICAL SKILLS**

*Walking, running, climbing – riding a bike, football or other games, catching a ball, drawing pictures, writing, doing jigsaws & using construction kits*

## **SELF HELP**

*Level of personal independence – dressing washing etc; coping with day to day routine; going to toilet unaided, budgeting pocket money, general independence – getting out and about.*

## **COMMUNICATION**

*Explains, describes events, people, ideas and things. Conveys information (i.e. messages to and from school), joins in conversations, remembers what people said. Is your child's level of speech appropriate for their age?*

**PLAYING AND LEARNING AT HOME**

*How does your child spend their time – watching TV, reading for pleasure and information, hobbies?*

**ACTIVITIES OUTSIDE**

*Belonging to clubs, sporting activities, happy to go alone?*

## **RELATIONSHIPS**

*With parents, brothers and sisters; with friends; with relations; with other children; with other relations and adults at home, 'outside' generally. Does your child mix well or stay on his/her own?*

## **BEHAVIOUR AT HOME**

*Co-operates, shares, listens to and follows instructions and requests, helps in the house, fits in with family routine and 'rules'. Moods good and bad, sulking – temper tantrums, affectionate.*

## **AT SCHOOL**

*Relationships with other children and teachers, progress with reading, writing, number, other subjects and activities in school. Does your child enjoy school? What does your child find easy or difficult?*

**What is your child good at? What do they enjoy doing?**

**What does your child worry about? Is he/she aware of their difficulties?**

**What are your worries and/or concerns?**

**How do you think your child's needs affect the family as a whole?**

### **The Future:**

**Has your child/young person talked about the future and considered any further education options?**



**Has your child or young person talked about what job or career they would like to have in the future?**

**What are your aspirations and goals for your child/young person's future?**

## ADDITIONAL INFORMATION

Please attach any reports from other professionals that you would like the LA to consider.

**Please name other professionals who are involved in your child's care e.g. hospital doctors/speech and language therapists/CAMHS etc .**

**Please clearly provide their name and contact details (address/phone number) so that we can get in touch with them for further information about your child. Please add further details on an additional sheet, if necessary.**

Name of Professional	
Service/Organisation e.g. CAMHS or SALT	
Contact Address :	
Contact Telephone Number	

Name of Professional	
Service/Organisation e.g. CAMHS or SALT	
Contact Address :	
Contact Telephone Number	

Name of Professional	
Service/Organisation e.g. CAMHS or SALT	
Contact Address :	
Contact Telephone Number	

Name of Professional	
Service/Organisation e.g. CAMHS or SALT	
Contact Address :	
Contact Telephone Number	

Name of Child: .....

Date of Birth: .....

“I agree to all professional reports submitted as part of the request for Education, Health and Care (EHC) Needs Assessment for my child, ....., being shared with other professionals to support this process”

“As part of the assessment, I agree to my child, ....., being seen by an Educational Psychologist, and/or a Doctor, for the purposes of an EHC Needs Assessment”.

Signature of Parent/Carer: .....

Name (in capitals): .....

Contact Number: .....

Contact Email Address: .....

Date:.....

Please send your parental advice to:

**0-25 Special Educational Needs and Disabilities Team  
Children, Young People & Families  
Moorfoot,  
North Wing, Floor 5,  
Sheffield  
S1 4PL**