

SHEFFIELD PARENT PARTNERSHIP SERVICE

Information Sheet: WRITING PARENTAL ADVICE



When undertaking a Statutory Assessment the Children and Young People's Directorate (CYPD) will ask for reports from all of the professionals involved with your child. From the information in those reports the CYPD will identify your child's needs, determine what should be provided to meet those needs and decide whether or not to issue a Statement of Special Educational Needs for your child.

To ensure that they gain a complete picture of your child and his/her needs they will also welcome a report from you, as you have known your child longer than anyone else.

These guidelines are to help you with your contribution to your child's statutory assessment. **You do not have to use them if you do not want to.** You can change the order, leave bits out or add things you feel are important, but it would be helpful if you used the four headings that have been suggested. Your written contribution can be as short or as long as you like.

THE EARLY YEARS

The following questions are a guide to help you remember about the early years:

1. What do you remember about the early years that might help?
2. What was your child like as a young baby?
3. Were you happy about progress at the time?
4. When did you first feel things were not right?
5. What happened?
6. What advice or help did you receive – from whom?

WHAT YOUR CHILD IS LIKE NOW

The following headings are a guide to help you give a detailed description of your child:

1. **General Health** – Eating and sleeping habits, general fitness, absences from school, minor illnesses – coughs and colds. Serious illnesses/accidents – periods in hospital. Any medicine or special diet? General alertness – tiredness, signs of use of drugs, smoking, drinking, glue-sniffing.
2. **Physical Skills** – Walking, running, climbing – riding a bike, football or other games, drawing pictures, writing, doing jigsaws, using construction kits, household gadgets, tools, sewing.

3. **Self Help** – Level of personal independence – dressing, etc; making a bed, washing own clothes, keeping room tidy, coping with day-to-day routine, budgeting pocket money, general independence – getting out and about.
4. **Communication** – Level of speech – explains, describes events, people, conveys information (eg messages to and from school), joins in conversations, uses telephone.
5. **Playing and Learning at Home** – How does your child spend time – watching TV, reading for pleasure and information, hobbies concentration, sharing?
6. **Activities Outside** – Belonging to clubs, sporting activities, happy to go alone.
7. **Relationships** – With parents, brothers and sisters, with friends, with relations, with other adults at home, 'outside' generally. Does your child mix well or stay on his/her own?
8. **Behaviour at Home** – Co-operates, shares, listens to and carries out requests, helps in the house, offers help, fits in with family routine and 'rules'. Moods good and bad, sulking – temper tantrums, affectionate.
9. **At School** – Relationships with other children and teachers; progress with reading, writing, number, other subjects and activities at school. How has the school helped? Have you been asked to help with schoolwork – with what result? Does your child enjoy school? What does he/she find easy or difficult?

YOUR GENERAL VIEWS

1. What do you think are your child's special educational needs?
2. How do you think these can be best provided for?
3. How do you compare your child with others of the same age?
4. What is your child good at or what does he/she enjoy doing?
5. What does your child worry about? Is he/she aware of difficulties?
6. What are your worries or concerns?
7. Is there any other information you would like to give about the family – perhaps major events that you think might have affected your child?
8. With whom would you like more contact?
9. How do you think your child's needs affect the needs of the family as a whole?

ADDITIONAL INFORMATION

1. Attach any reports from other professionals who have worked with your child in the past, that you would like the CYPD to consider.
2. Are there any other professionals you would like the CYPD to write to for advice? If so please provide their names and addresses.

YOUR CHILD'S VIEWS

1. Does your child realise that he/she has difficulties?
2. If so, what are his/her views on how he/she would like to be helped in school?
3. How has he/she told you?