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| Parent/Carer Views |



**This document is intended for parents to provide their views in relation to their child’s special educational needs, the parent’s views and their aspirations for their child.**

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| **Please tell about your child at home and at school --- What do they enjoy, What do they do well at? What do they find difficult?** |

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| **What are hopes for your child in the future? What are your hopes for your child when they finish Year 11?** |

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| **What do you feel is currently helping or working well for your child in school?** |

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| **Are there any areas of difficulty that you feel are not fully being addressed in school or by other services?** |

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| **Does your child have any health or social care needs? Do you have any recent advice or reports you are willing to share to support this request?** |

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| **Are there any other services/professions currently involved?** |

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| **Is there anything else you would like us to know?** |

I/We would like you to consider my child’s special educational needs. I/We give you permission to contact my child’s school, health services, social care or other professionals to obtain information about me/them.

**Parent/carer signature: Date:**

**Parent/carer full name: Date:**

**Please return this form, together with all supporting/additional documents to:**

**Please return this form, together with all supporting/additional documents to:**

**0-25 SEND Service**

**Floor 4, Zone A**

**Bernard Weatherill House**

**8 Mint Walk**

**Croydon CR0 1EA**

**For more help and assistance completing this form please contact:**

**SENDIASS - KIDS**

**Helpline: 020 8663 5630**

**Email:** [**Croydon@kids.org.uk**](mailto:Croydon@kids.org.uk)

**Web:** [**www.kids.org.uk**](http://www.kids.org.uk)

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| Date Received: | Response due by: |
| Officer: | Panel Date: |