

EDUCATION ACT 1996

REQUEST FOR ASSESSMENT OF SPECIAL EDUCATIONAL NEEDS
(EDUCATION REFERRALS)

Last Name of Child:

First Names:

Date of Birth: Year Group: Sex: M F

Address:

Tel:

Last Name of Parent/Carer:

Initial: Mr Mrs Ms

Name of any other person(s) with parental responsibility:

Last Name of Parent/Carer:

Initial: Mr Mrs Ms

Address:

Tel:

Is the child 'looked after'? Yes No If not by Wirral, then by which Local Authority?

Present School: Date of Admission:

Previous School: Dates of Attendance:

Please explain the reasons for the referral

It is a requirement of the Code of Practice that the views of the child are obtained and considered.

What are the child's views about a statutory assessment?

The SN/R Checklist of Evidence and supporting documentation must be enclosed.

Signed: _____ Headteacher _____ Date

Signed: _____ Parent _____ Date

This form with the SN/R Checklist and supporting documentation should be sent to the Special Education Section, Education & Cultural Services Department, Hamilton Building, Conway Street, Birkenhead, Wirral, CH41 4FD.