

## EDUCATION ACT 1996

**SCHOOL/SETTING INFORMATION RELATING TO A PARENT'S OR OTHER AGENCY'S REQUEST FOR A STATUTORY ASSESSMENT OF A CHILD'S SPECIAL EDUCATIONAL NEEDS**

\*The parent of the child named below / a doctor / a social worker has made a request for a statutory assessment of the child's special educational needs. The Authority needs information and advice from the child's school or setting on the appropriateness of the request.

\* Delete as appropriate

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:**

**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 indicate your views on the appropriateness of this request.

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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?

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

**Signed:** \_\_\_\_\_ **(Headteacher)**

\_\_\_\_\_ **Date**