**SENDIASS Questionnaire**

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| Your Name: | Child’s Name: |
| Are you the parent? | Do you have PR ? |
| Address: | Dob: |
| Telephone no: | School: |
| Email address: | Year group |
| SEN Support (please tick) | EHCP (please tick) |
| Primary Need: | Diagnosed:  Undiagnosed: |
| List of professionals currently involved: | Education |
| List of professionals previously known to |  |
| Last date attended school: |  |
| Last meeting with the school:  (reason) | Date of next meeting: |
| Ethnicity | English 2nd language: |
| Religion | Lone parent: |
| Parent has disabilities Yes No |  |
| How did you hear of our service? | |