

Hungerhill School SEND Parent Referral Form

Record of Concern/Monitoring Stage

Name of Student	
Year Group	
Date of Referral	
Name of referee/relationship to child	

Please indicate your areas of concern by ticking the relevant boxes below

<input type="checkbox"/>	General Learning Difficulties – speed of processing, memory problems
<input type="checkbox"/>	Specific Learning Difficulties – Dyslexia, Dyscalculia, Irlen syndrome
<input type="checkbox"/>	Communication and Interaction – ASD, speech and language difficulties
<input type="checkbox"/>	Social, Emotional and Mental Health – ADHD, Attachment
<input type="checkbox"/>	Physical – visual/hearing impairment, Dyspraxia, fine/gross motor difficulties, poor handwriting

Briefly explain what difficulties your child is experiencing in accessing the curriculum (mention any specific areas if there are any)

Briefly explain what difficulties your child is experiencing outside of the classroom

Briefly explain historical difficulties that have concerned you?

Please detail any other factors which may be relevant (eye tests, hearing tests, conversations with this student, parents, HOY, HOD, form tutor and teachers).

Signed _____ Date _____

Action by the SENDCo/Assistant SENDCo