

SCHOOL REPORT

The parents of this child have asked for guidance on his/her abilities and difficulties in learning and the management of any special needs that may be identified. I value the knowledge and experience you have of his or her education and would appreciate your co-operation in completing this form.

Child's Name

Date of birth

Address

School

Tel No:

Attendance Regular/Irregular-reason

What special arrangements have the school for identifying special needs?

Meeting Special Educational Needs?

Is the child receiving help?

GENERAL ABILITY: In relation to age group in school

Teacher's estimate: Above Average Average Below Average

ATTAINMENT: In relation to age group in school (Please Tick)

Reading (aloud) Good Average Weak

Comprehension Good Average Weak

Spelling Good Average Weak

Arithmetic Good Average Weak

Reading age if known

Has the child any special abilities, qualities or interests?

Has the child improved, deteriorated or remained the same?

BEHAVIOUR IN CLASS (tick as appropriate)

Withdrawn, Aggressive, Over-sensitive, Anxious, Attention seeking, Over-active, Normal, Passive, Timid, Co-operative, Friendly, Responsive, disorganised.

ATTITUDE TO WORK

Enthusiastic and works well, Seeks approval, Distractible, Slow, Competent, Shows no interest.

ATTITUDE TO ADULTS

Obedient, Apprehensive, Submissive, Aggressive, Normal, Resents correction.

ATTITUDE TO OTHERS

Friendly, Popular, Prefers older pupils, Prefers younger pupils, Withdrawn, dominant, submissive, normal.

RELATIONSHIP BETWEEN HOME AND SCHOOL

Good, Average, Fair, Some disagreement.

School's view of child's problem and strengths and weaknesses:

Other observations

Name

Position

Date

**Please return this form to:
Dr. Patricia Rouse, 11 Heathurst Road Sanderstead Surrey CR2 0BB**