

SENDO QUESTIONNAIRE

Special Educational Needs and Disability Questionnaire 2025

Pupil Name:

Date of Birth: / /

Please indicate any relevant agencies/professionals who have been involved with you or your child.

AGENCY/PROFESSIONAL	TICK	CONTACT PERSON
School Doctor		
Paediatrician		
Home Tutor		
Occupational Therapist		
Psychologist (Educational or other)		
Psychiatrist		
Teacher of the visually impaired		
Social Worker		
Family Centre		
Behaviour Support		
Special Education (Education Authority)		
Speech & Language Therapist		
Audiologist/Teacher of the Deaf		
CAMHS		
Other Professionals: please give details		

Please describe any Special Educational Needs and/or disability that your child has:

Please provide school with the relevant documentation to support any SEN need. Please note that medical diagnoses such as ASD/ADHD should be recorded on the Medical form, with supporting documentation provided to school.

Please comment on anything that might affect your child's learning and/or safety:

Please indicate if you would like to discuss this further. ☐ Yes ☐ No

If yes please supply a contact number:

Please indicate your permission for us to seek information relating to your child's special educational needs and/or disability from the agencies or professionals listed above. ☐ Yes ☐ No

Signature Parent/Carer:

Date: / /

Standardised Testing - Parental Approval

It may be necessary to assess your child with certain aspects of literacy and numeracy, depending on the special educational need identified, or other needs emerging. This testing is discrete and is completed by a specialist teacher during school.

Please tick as appropriate: ☐ I give my permission ☐ I refuse my permission

for my child to undergo standardised testing to determine progress, as deemed necessary by the Special Educational Needs Coordinator (SENCO)

Signature Parent/Carer:

Date:

(Parent exercising Parental Responsibility)

Agreement & Permission to Access Documentation

The information on this form is required by Carrickfergus Academy to enable the correct level of special educational provision to be afforded to your child. This information will be covered by the provisions of GDPR 2018. Your signature to this form is deemed to be authorisation, by you the parent(s), to allow Carrickfergus Academy to obtain reports, diagnosis, assessments and other documents from the Primary School and, where relevant the aforementioned agencies. Carrickfergus Academy will also be entitled to process and store this information to assist with making the educational provision necessary to support your child.

Signature Parent/Carer:

Date:

(Parent exercising Parental Responsibility)

It can be very helpful to receive any associated documents you have that can enable a greater degree of awareness of your child's special education needs to be gained. If you feel it necessary to include more information, please attach additional information to this form.