



Child's Details	
Name:	Sex:
Date of Birth:	Diagnoses:
Address:	
Name of educational setting (if applicable) and year group:	
Please list any other professionals involved:	
Does the child have an EHCP?	Yes No
Does the child have a Child Protection Plan?	Yes No
Parental Responsibility	
Name(s):	Relationship to the child:
Telephone number:	Mobile number:
Main carer's name / phone number if different:	
Areas of Difficulty	
Gross motor skills (e.g. walking, running, crawling, climbing)	Fine motor skills (e.g. hand accuracy, strength, grip, tremours)
Eating / drinking	Sensory processing
Self-care (toileting, dressing)	Posture and head control
Play Skills	
Please describe the areas of difficulty:	
Are there any <i>other</i> concerns relating to your child's abilities? (e.g. attention or behaviour)	