**Education Report - Information from Education to support referral to “Bradford Child Development Service” Paediatrician**

Child’s Name: Date of birth:

School: Year Group:

SENCo:

**Specific concerns in school:** *Please include the following if relevant............*

* *Progress with learning*
* *Relationships with others (peers and staff)*
* *Difficulties affecting participation in school e.g. mobility, speech, self-care skills etc.*
* *Any unusual/ challenging behaviour*

*\*Child’s current p scale attainment or National Curriculum attainment (Note this may need elaboration by school following the NC changes from 1 September 2014) or Standard Age Score (SAS)*

| Subject | Level\* or SAS |
| --- | --- |
| Reading |  |
| Writing |  |
| Speaking/ Listening |  |
| Maths |  |
| Science |  |

|  |  |
| --- | --- |
| **Attendance (%)** |  |
| **Range of provision (circle)** | Range 1 – Range 2 – Range 3 – Range 4 – Range 5 – Range 6 – Range 7 |
| **School interventions (e.g. 1:1 reading 20 mins daily etc)** |  |
| **Other professionals involved****(date of last review)** | Teaching Support Services | Y / N |  |
| Educational Psychology | Y / N |  |
| Speech & Language Therapy | Y / N |  |
| Others (please state) |  |

**Please include copies of any IEP, Specialist Teacher Assessments or Educational Psychology reports (if available).**

**Form completed by................................................... Role................................................**

**Signature................................................................... Date.................................................**

**Please ensure you have parental consent for sharing this information, then return this completed form to the person making the referral e.g. school nurse, GP.**