



The Educational Guidance Service

208 Rochdale Road ▶ Greetland ▶ Halifax ▶ West Yorkshire ▶ HX4 8JE

Tel/Fax: 01422 372222 ▶ email: info@egs.org.uk ▶ www.egs.org.uk

INITIAL INFORMATION FORM

You know your child better than anybody else. The information you provide forms an important part of the assessment process. You may wish to add extra comments or provide further information. If any questions do not apply, or you do not know the answer, just ignore them.

If you would like to incorporate your child's academic history into the assessment then please liaise with the school and include the relevant information (optional but helpful!).

The psychologist will be We look forward to meeting you soon.

Date and time of the appointment:

Full Name of Child

Date of Birth

Parents' Names

Parents' Address (see also below)

Telephone number

Parental Address (if different)

Postcode

Telephone number

Postcode

Present School

Previous Schools Attended

What are the names, gender and ages of your child's siblings?

What are your main concerns?

OPTIONAL ACADEMIC HISTORY

Key Stage 1 SAT Results (Year 2)

Optional SATs Results e.g. Year 3,4,5

Key Stage 2 SAT Results (Year 6)

Key Stage 3 SAT Results (Year 9)

Reading/Spelling/Other assessment results (e.g. NFER, PIPS)

.....
.....

Other Information

What has the school said about your child?

What concerns, if any, have been raised with you by staff at the school? (Please provide details)

Does your child receive any support/special programmes for these? (Please state)

Early History (Including Developmental Milestones)

- a) Type of Birth (e.g. normal, forceps delivery, caesarean...)
- b) Birth Weight
- c) Were there any special difficulties around the time of the birth?

When did your child start walking?

When did your child start talking?

Are there any concerns about hearing? (If so please specify)

Are there any concerns about vision? (If so please specify)

Has your child ever had food fads, dislike of certain things, rituals, obsessions etc. (If so please specify)

Comment on your child's handwriting development

Was your child later than others of his/her age to learn to tie shoelaces? (If so please specify)

Was/Is your child clumsy?

Did hitting and catching a ball come easily to your child?

Did learning to swim come easily to your child?

Has your child been hospitalised (through illness) or required hospital treatment because of an accident? (If so please specify)

Which professionals have you consulted with or have seen your child (either educational or medical)?

Have any other members of your immediate family or relatives had similar difficulties to your child? (If so please specify)

What is your child particularly good at? (e.g. sports, mathematics, computer...)

What hobbies/activities is your child involved in?

Do you have any particular difficulties with behaviour at home?

Has your child missed school for any reason?

What does your child think about their school and teachers?

What would your child say he/she was good at?

Who does your child socialise with of his/her age outside of the school? (Age/shared interests)

Does your child have friends of his/her age in school?

Any other information about your child that you feel may be important?

Name: (print)

Date:

(sign)

Thank you for taking the time to complete this form