

**APPENDIX A: PARENTAL ADVICE
ASSESSMENT OF SPECIAL EDUCATIONAL NEEDS**

Guidelines for writing parental advice

These guidelines are to help you with your contribution to the statutory assessment of [child's name]. **You do not have to use them if you do not want to.** You can change the order, leave bits out or add things you feel are important, but it would be helpful if you used the four headings we have suggested. Your written contribution can be as short or as long as you like.

A – THE EARLY YEARS

The following questions are a guide to help you remember about the early years.

- 1. What do you remember about the early years that might help?**
- 2. What was [child's name] like as a young baby?**
- 3. Were you happy about progress at the time?**
- 4. When did you first feel things were not right?**
- 5. What happened?**
- 6. What advice or help did you receive – from whom?**

B – WHAT IS YOUR CHILD LIKE NOW

The following 9 headings are a guide to help you give a detailed description of your child.

- 1. General Health – Eating and sleeping habits; general fitness, absences from school, minor illnesses – coughs and colds. Serious illnesses/accidents – periods in hospital. Any medicine or special diet? General alertness – tiredness, signs of use of drugs – smoking, drinking, glue-sniffing.**
- 2. Physical Skills – Walking, running, climbing – riding a bike, football or other games, drawing pictures, writing, doing jigsaws, using construction kits, household gadgets, tools, sewing.**
- 3. Self-Help – Level of personal independence – dressing, etc; making bed, washing own clothes, keeping room tidy, coping with day-to-day routine; budgeting pocket money, general independence – getting out and about.**
- 4. Communication – Level of speech – explains, describes events, people, conveys information (e.g. messages to and from school), joins in conversations; uses telephone.**
- 5. Playing and Learning at Home – How does [child's name] spend time – watching TV, reading for pleasure and information, hobbies concentration, sharing.**

6. **Activities Outside** – Belonging to clubs, sporting activities, happy to go alone.
7. **Relationships** – With parents, brothers and sisters; with friends; with relations; with other adults at home, ‘outside’ generally. Does [child’s name] mix well or stay on [his/her] own?
8. **Behaviour at Home** – Co-operates, shares, listens to and carries out requests, helps in the house, offers help, fits in with family routine and ‘rules’. Moods good and bad, sulking – temper tantrums, affectionate.
9. **At School** – Relationships with other children and teachers; progress with reading, writing, number, other subjects and activities at school.
10. How has the school helped? Have you been asked to help with school work – with what result?
11. Does [child’s name] enjoy school? What does [child’s name] find easy or difficult?

C – YOUR GENERAL VIEWS

1. What do you think your child’s special educational needs are?
2. How do you think these can be best provided for?
3. How do you compare your child with others of the same age?
4. What is your child good at or what does [child’s name] enjoy doing?
5. What does [child’s name] worry about? Is [he/she] aware of difficulties?
6. What are your worries or concerns?
7. Is there any other information you would like to give about the family – perhaps major events that you think might have affected [child’s name]?
8. With whom would you like more contact?
9. How do you think your child’s needs affect the needs of the family as a whole?

D – ADDITIONAL INFORMATION

1. Please attach any reports from other professionals that you would like us to consider.
2. Are there any professionals you would like us to write to for advice? If so please provide their names and addresses.

E – [CHILD’S NAME(’S)] VIEWS

Does [child’s name] realise that [he/she] has difficulties? If so, what are [child’s name(’s)] views on how [he/she] would like to be helped in school? How has [child’s name] told you?