



GUIDELINES FOR PARENTS' REPORT

These guidelines are to help you with your report. You do not have to use them if you do not want to. You may change the order, leave bits out or add things you may feel important. However, the Local Authority will find it helpful if you use the headings as we suggest. Your written contribution may be as short or as long as you wish.

A – THE EARLY YEARS

1. What do you remember about the early years that might help?
2. What was your child 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 and from whom?

B – WHAT IS YOUR CHILD LIKE NOW

1. **General Health** – Eating and sleeping habits, general fitness, absence from school, minor ailments/coughs/colds. Serious illnesses/accidents, periods in hospital. Any medication or special diets. General alertness/tiredness, signs of use of drugs/smoking/drinking or 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 clothes, keeping room tidy, coping with day to day routine, budgeting pocket money. General independence – getting out and about, sense of danger.
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 & Learning at Home** – How your child spends their time – watching TV, electronic games, reading for pleasure or information, hobbies, concentration, sharing.
6. **Activities Outside** – Belonging to clubs, sporting activities, happy to go/stay there alone.
7. **Relationships** – With parents, brothers & sisters, friends, other adults (friends & relations). At home generally. Outside generally. Is he/she a loner?

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 & bad, sulking, temper tantrums, demonstrative, affectionate.
9. **At School** – Relationship with other children and teachers, progress with reading, writing, numbers, other subjects and activities at school. How the school has helped/not helped with your child? Have you been asked to help with school work – hearing child read – with what results?

Does he/she enjoy school?

What does he/she 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 at the same age?
4. What is your child good at or what does he or she enjoy doing?
5. What does he/she worry about – is he/she aware of difficulties?
6. What are your worries and concerns?
7. Is there any other information you would like to give?
 - a) About the family – major events that might have affected your child.
 - b) Reports from other people?
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?

The information you provide will be used to help the Council decide whether or not to make a formal assessment of your child's needs. If a formal assessment is needed, you will be invited to provide additional information/update if you feel it necessary. You will not need to duplicate this report.