**SEND Questionnaire** 

for students joining us in September 2025

If your son/daughter has any special educational needs or disability (SEND), please complete this questionnaire.

Please bring the completed questionnaire to the Welcome Event on Wednesday 26th March 2025.

Student name:	Date of birth:
Email:	Mobile Number:
Primary school:	Parent name:
Type of SEND: Please tick which applies to your child	
A learning difficulty  Diagnosis of ASC  Diagnosis of DCD (Dyspraxia)  Diagnosis of ADHD  Hearing Impairment  Other, please specify	Visual Impairment  Physical disability of medical diagnosis  Irlen's Syndrome  Diagnosis of a mental health need or trauma
Assessments: Please tick which assessments they have had  Community Paediatrician Occupational Therapy  SENATT/Orrets Meadow Educational Psychologist  Hearing Support Other, please specify	CAMHS Speech & Language (SALT)  Request for an EHCP assessment
Does your child have an EHCP (please tick which applies to your child).	
No Yes-final plan Going through EHCP Asses	SSMENT Draft plan Not agreed to access
Pathways: Finally is your son/daughter on one of these pathways Please tick all that apply	
ADHD ASC ADHD/ASC combined Mo	hen were they referred?  onth:
DCD (Dyspraxia)  Speech & Language (SALT)	