

The Children's Service
Standards and Inclusion
Central SEN Service

Confidential

PFA Form

PARENTAL REQUEST FOR ASSESSMENT OF SPECIAL EDUCATIONAL NEEDS

Your child's surname: _____ Other Names: _____

Date of birth: _____ Male/Female _____ Religion: _____

Ethnicity (Use Borough Descriptions-see attached list): _____

Address: _____

Your Name: Mr & Mrs/Mr/Mrs/Ms/Miss (delete as applicable)

Surname: _____

Address (if different from address above)

Telephone No: (home) _____ Work: _____

Mobile: _____ e-mail: _____

Is English your second language Yes/No
If yes, would translation/interpreting be helpful to you and if so, in which language should this be:

Does anyone else share parental responsibility with you? Yes/No
If yes, please list below the names addresses and telephone numbers of those who share this responsibility:

Tel no: _____ Mobile: _____

Do any of the above require translations or interpreters? Yes/No

If translation required, in which language? _____

Name of the school your child currently attends: _____

Date of Admission:

Headteacher:

Address:

If your child has attended other schools in the last 3 years, please list the names and addresses of these schools below:

Please give details of the nature of your concern and why you feel a statutory assessment of your child's needs if necessary:

What involvement have you had and how far do you agree with any special help that your child has so far received:

Is your child currently at any stage of the assessment process: Yes/No

If yes, is he/she at School Action or School Action Plus _____

Who have you discussed your child's difficulties with?: _____

If you wish to enclose any reports to support your request please list them below:

Please give any other information you would like us to have, including any access requirements:

If the Local Authority decided to proceed with a statutory assessment of your child's needs we will request formal advice from the Educational Psychologist; Medical Officer; School and Social Services Department (if applicable). We will also ask you for your views.

Is there anyone else you would wish the Local Authority to seek advice from at that stage?
Please list below:

Name:

Address:

As is my right, under the Education Act 1996, I request that Haringey Education Authority carry out an assessment of my child's special educational needs.

Signed:

Date:

Parent/Carer

Please return this form to:

**Central SEN Services
48 Station Road
LONDON
N22 7TY.**