

# 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) Other \_\_\_\_\_

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

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 you 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:

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

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If the LEA 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 LEA to seek advice from at that stage? Please list below:

Name:

Address:

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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 to:

\_\_\_\_\_  
Special Needs Officer  
Central SEN Service  
Podium South  
River Park House  
225 High Road  
London, N22 8HQ