Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does your child have a diagnosed special need?**  yes no

If yes, please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Is your child known to / has your child been known to any of the following services?**

|  |  |  |
| --- | --- | --- |
| Service | Yes / No | If yes, please give details |
| Autism assessment clinic / support service |  |  |
| Behaviour support service |  |  |
| Child Development Clinic |  |  |
| Community paediatrics |  |  |
| Developmental Intervention Service |  |  |
| Educational Psychology |  |  |
| Occupational Therapy |  |  |
| Physiotherapy |  |  |
| Speech & language service |  |  |
| Other (please specify) |  |  |

1. **Name of preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Was your child on the Special Needs Register in their preschool?** yes no
3. **Is English a second language?** yes (first language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) no

Please complete the following permission:

**I give permission for Brownlee Primary School to request information from any of the above services (including preschool) regarding my child.**

Signed (parent / guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_