

## BACKGROUND DETAILS

**Previous Schools or Nurseries:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Has your child been identified with having any Special Educational Needs? YES / NO**  
**If yes, please give details:**

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**Has your child received support from any of the following?**

- Health Visitor
- Sure Start
- Speech and Language Therapist
- Early Years Centre
- Educational Psychologist
- CAMHS
- Social Services

**If yes, please give details:**

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**Has your child been identified with being more able? YES / NO**  
**If yes, please give details:**

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**Do you have any concerns about your child's educational progress?**

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