



ED PSYCH 4 KIDS
Help Through Understanding

EDUCATIONAL PSYCHOLOGIST

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PARENT/CARER INFORMATION

Thank you for taking the time to complete this form. It is helpful for me to have some background information and an understanding of your views regarding your child's learning and development. The information you provide will be included in my written report. **Please can both parents or carers complete this form together.** If your child only has contact with one parent or carer, please note this in the relevant section below.

Full name of your child:

Child's date of birth:

Who lives in the family home?

Please explain family circumstances for any parents or siblings living separately? If biological parents live separately, please state how often your child sees each parent:

Were there any complications during the pregnancy or birth of your child? If yes, please give details:

What was your child like as a baby?

Were there any delays with your child's early development in crawling/walking? If yes, please give details:

Were there any delays with your child's early development in talking? If yes, please give details:

Does your child wear glasses, lenses and/or hearing aids (currently or previously)? If yes, please give details:

When was your child's hearing last tested and what was the outcome?

When was your child's eyesight last tested and what was the outcome?

Are there any family members who have medical conditions and/or diagnoses? If yes, please give details:

Please list any medical conditions and/or diagnoses your child has, or had in the past:

Has your child had any operations, hospital stays or head injuries? If yes, please give details:

Is your child right or left handed?

Does your child have any difficulties with eating, drinking or sleeping? If yes, please give details:

Does your child have any difficulty with toileting, dressing or hygiene? If yes, please give details:

Please give details of any significant events in your child's life, e.g. starting/changing school, bereavements, moving home, victim of crime, etc:

What impact did the above events have on your child?

Does your child have any difficulties with school attendance? If yes, please give details:

Has your child/family ever been referred to, or had involvement with, any of the following professionals?

(Please tick/highlight)

- Audiologist
- Clinical Psychologist
- Counsellor/Therapist (music, art, drama)
- Ear, Nose and Throat Consultant
- Educational Psychologist
- Neurologist
- Occupational Therapist
- Paediatrician
- Physiotherapist
- Police
- Psychiatrist
- Psychotherapist
- Social Care Worker
- Specialist Optometrist
- Speech and Language Therapist
- Tutor for learning
- Other, please give details:

If you have reports from the professionals that have worked with your child, have you sent them as part of the referral (ALL reports, even old ones)?

If your child has or had a Tutor, please ask them to email me a summary of their involvement, programmes followed and your child's progress. Information available? YES/NO

For ALL professionals that you have ticked above but DO NOT have reports, please list the following:

- Dates of involvement
- Name and title of professional
- Clinic or location of professional
- Purpose of referral or involvement
- What happened after referral or involvement

Please comment on your child's development in each of the following areas, **noting strengths as well as difficulties**:

- Approach to learning and problem solving
- Processing information and memory
- Literacy
- Mathematics
- Planning, organisation and flexible thinking
- Attention, concentration and impulsiveness
- Social skills, interaction and play
- Speech, language and communication
- Motor skills and coordination
- Sensory regulation (seeking or avoiding things they see, hear, smell, taste or touch)
- Emotions, mental health and resilience
- Independence and life skills (eg road safety, stranger awareness, computing, personal hygiene)
- Creativity, imagination and expressive arts (eg art, dance, drama, film, digital media and music)

What are your child's strengths?

Please describe any skills or subjects where your child presents as advanced for their age:

Please list any clubs or hobbies your child enjoys:

What does your child do that makes you proud of them?

Please write any further comments:

Who completed this form?

Signature of 1st parent or carer:

Name of 1st parent or carer:

Date:

Signature of 2nd parent or carer (where applicable):

Name of 2nd parent or carer (where applicable):

Date:

Signature of other legal guardian (where applicable):

Name of other legal guardian (where applicable):

Date: