|  |  |  |  |
| --- | --- | --- | --- |
| **Has your child been?** | **YES** | **NO** | **If YES please indicate that you have provided us with Supporting Documentation** |
| Diagnosed with: |  |  |  |
| * Dyslexia |  |  |  |
| * ADD/ADHD |  |  |  |
| * Autistic Spectrum Disorder |  |  |  |
| * Dyspraxia |  |  |  |
| * A long-term medical condition |  |  |  |
| * A physical disability |  |  |  |
| * Other health/behavioural issues – Please Specify |  |  |  |

**Please indicate whether any of the following apply to your child: YES or NO must be checked.**

|  |  |  |  |
| --- | --- | --- | --- |
| Assessed by an Educational Psychologist: |  |  |  |
| Assessed by another professional (please specify): |  |  |  |
| Suffered from anxiety/depression: |  |  |  |
| Required counselling/psychotherapy: |  |  |  |
| Attempted self-harm: |  |  |  |
| Taken medication for the treatment of:  anxiety, depression, AD(H)D (please specify) |  |  |  |

Has your child received any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| SNA Support: |  |  |  |
| Resource Teaching: |  |  |  |
| Learning Support: |  |  |  |

Has your child been identified as having High Academic Ability? Please check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| Through Primary/Junior School Standardised Testing: |  |  |  |
| By qualifying for a gifted programme e.g. CTY Ireland: |  |  |  |
| Assessed by an Educational Psychologist: |  |  |  |

**PLEASE NOTE:**

Providing the above information is essential so that we can ensure that there is a continuity of care and adequate supports made available to the pupil whilst they are in The King’s Hospital.

Matters concerning pupil mental health and/or special educational needs are dealt with by the Nursing Team, Guidance Counsellor and Special Educational Needs Co-Ordinator with the greatest sensitivity and confidentiality.