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Hulme Hall Grammar School

 Pre-Assessment Questionnaire

**Please answer the questions below, providing as much detail as possible.**

**We will use the information you provide to make the assessment day experience**

**as comfortable as possible for your child.**

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

1. Does your child have any current health problems or disabilities that we need to make allowances for during the assessment? If yes, please give details. YES NO
2. Does your child wear glasses? YES NO
3. Has your child had their eyes tested in the last 12 months? YES NO
4. Does your child have any hearing difficulties? If yes, please give details. YES NO
5. Is English your child’s first language? YES NO

 If no, please give details, including whether English is spoken at home.

1. Does your child have any dietary requirements or allergies? If yes, please give details. YES NO
2. Does your child have any learning differences? YES NO

 If yes, please give details.

1. Does your child have any additional support in school? YES NO

 If yes, please state the amount of time given and what the support is for.

1. Does the candidate have reports from any of the following professionals?

Educational Psychology YES NO

Occupational Therapist YES NO

Speech & Language Therapist YES NO

Other YES NO

 If yes, please forward a copy of the report to us prior to the day of assessment**.**

10.Please add any further information that you consider may be helpful or relevant to us.