Questions – For family to complete

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| --- | --- | --- |
| Child’s Name: |  | Date of birth: |
| Education setting: |  | |

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| --- |
| Please tell us who has completed this form:  Date: |

## Family questions

What questions do you have for the team?

How do you currently describe your child’s needs to friends and family?

What have you done to support your child’s needs at home?

## Child’s view

What words have you used to explain the reason for the appointment to your child?

How does your child describe their needs?

What do they think helps?

Does your child have any questions?

If there is any more information you would like to share before the appointment, please feel free to write below and bring along with you.