

Dear Parents

Welcome to Ravensdale Junior School. We would be grateful if you could complete the following personal information form. This will be treated in confidence and will enable us to support your child in the best way possible. Please circle where appropriate.

**CHILD'S NAME** \_\_\_\_\_

**SEN**

Does your child have an educational healthcare plan Yes/No  
Does your child have an MEP/IEP Yes/No

**FAMILY INFORMATION**

Is your child a child in care/under special guardianship? Yes/No  
Is there an EHA in place for the child/family Yes/No  
Have you had input from a social worker/support worker? Yes/No  
Has your child witnessed any Domestic Violence? Yes/No  
Has your child witnessed any drugs/alcohol abuse? Yes/No  
Does your child have any other agencies involved? Yes/No

If yes please specify \_\_\_\_\_

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If you have anything you would like to discuss further please feel free to contact Mrs Smith, the school's Learning Mentor or Miss Hayford, the SENCO.

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_