NHS
Midlands Partnership University
NHS Foundation Trust
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SPECIAL NEEDS QUESTIONNAIRE

Child and Adolescent Mental Health Services
Cross Street Clinic

It would be helpful if you could answer the following:

1. Does this child have any learning difficulties in the following areas:

Writing?	YES	☐	NO	☐
Spelling?	YES	☐	NO	☐
Reading?	YES	☐	NO	☐
Numeracy?	YES	☐	NO	☐

If YES, please provide additional comments:

2. Does the child receive any special needs/remedial support?

YES ☐ NO ☐

Please indicate:

3. Does this child have an EHCP (Education Healthcare Plan):

YES ☐ NO ☐

4. Has this child any additional difficulties not covered previously?

If so, please indicate:

Thank you for your help

"Asking for feedback helps us reach goals together"