

SPECIAL EDUCATIONAL NEEDS RECORD

PLEASE NOTE: S.E.N. RECORD SHEETS ARE TO BE FORWARDED TO A CHILD'S NEW SCHOOL

SCHOOL:

NAME OF PUPIL:

DATE OF BIRTH:

PARENT(S)/GUARDIAN

DATE PARENTS FIRST INFORMED OF CHILD'S SPECIAL EDUCATIONAL NEEDS:

Date(s)	Brief details of action taken/visit	Agency or member of school staff, eg LSS, class teacher EP, parent	Signature

Dates	Brief details of action taken/visit	Agency or member of school staff, eg LSS, class teacher EP, parent	Signature