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**Tell us your story…**

**Please give us some background about your child to help us understand who they are and how we can help you**

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| **Name of your child:** | **Date of birth your child:** | **Date completed:** |

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| Tells us about your child’s strengths, what they are good at and what do they enjoy |
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| What would you like to understand better about your child? |
| we have worked with parents to create a list of easily accessible resources, such as short videos, frequently asked questions that might be helpful to access while you are waiting [link to support and resources] |

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| What are the things that are causing you the most worry? |
| Please contact your GP, health visitor, SENCO, social care (if involved) if there is an immediate or urgent need. |