

Learning and Wellbeing Support Form

Child's Details			
Surname		First Name	
Preferred Name		Date of Birth	

Is your child experiencing or have they ever experienced any difficulties in any of the following areas of need? Please tick all of the relevant boxes below:			
Cognition and Learning		Communication and Interaction	
Social, Emotional and Mental Health Difficulties		Sensory (VI or HI) and/or physical needs	

Has your child ever received or are they currently receiving any additional support for these areas of need? If yes, please provide further details of the type of support: Learning, Emotional, Mental Health, Behavioural	
Date started	
Duration	
Who has provided or is providing it? Eg: counsellor, clinical psychologist, CAMHS, occupational health, SALT etc.	

Does your child have a medical need that impacts their learning and/or access to the curriculum?			
Yes		No	
Please provide further details.			

Do you have any current concerns about your child that we should know about?			
Yes		No	
Is yes, please provide further details			

Please send this form to:

prepadmissions@queenscollege.org.uk for children aged up to 10 years

admissions@queenscollege.org.uk for children aged 11-17 years.

Post to:

Queen's College
Admissions Department
Trull Road
Taunton
TA1 4QS