



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?
Does your child have a diagnosis?



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If they have Autism or ADHD, are they on the neuropathway?

Yes

No

Did your child previously have any Exam Access Arrangements (EAA)?

Yes

No

If you answer Yes, to the above question, please describe

Details of your child's current School SENCO

Do you have any current concerns about your child that we should know about?

Please email this registration form to:

- prepadmissions@queenscollege.org.uk for children aged up to 10 years; or
- admissions@queenscollege.org.uk for children aged 11-17 years.

Alternatively, post to:

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