



SHERBORNE
QATAR

Learning Support Needs Questionnaire

Pupil's Name:

Date of birth: Previous School:

Pupils who attend Sherborne Qatar are expected to study independently. Learning Support is additional tuition offered during the school day, and is usually provided for pupils who experience a specific learning difficulty such as dyslexia. Pupils are expected to be well organised and attend Learning Support lessons regularly. As space is limited, Learning Support is strictly offered to those who need it most, according to school policy. Please return this form before the end of June to the Head of Learning Support, to enable the planning of provision for the upcoming year in the form of a pre-entry plan. There can be no guarantee of learning support being offered and a delay in returning the form could result in provision not being available. Further discussion over the level of support needed will occur with the Head of Learning Support, once a place has been offered and accepted.

Has your child received Learning Support at any time in their previous school? YES NO

If YES, please detail the nature of this support (ie reading, spelling or maths).

* Please describe briefly your child's sepecific difficulties and indicate any support they may have had during examinations:

Do you wish your child to receive Learning Support at Sherborne Qatar? YES NO

Has your child ever had an Educational Psychologist's report? YES NO

If YES, please enclose with this form a copy of the most recent Educational Psychologist's report, even if you consider it to be out of date or irrelevant.

I have already sent through at registration

I have enclosed the most recent copy

Has your child ever been assessed by an Occupational Therapist or Speech and Language Therapist? YES NO

** The Head of Learning Support may be in touch with you prior to or following the admission process to clarify any specific details.*

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If YES, please enclose report and outline the results:

Has your child ever been assessed for and diagnosed with ADHD, Aspergers Syndrome or ASD?

YES NO

If YES, please provide details, e.g. date of assessment, any medication, details of clinician/doctor:

Any other supporting information you feel is relevant:

Signed:

Date: :

Once completed, it is recommended that you save this form and attach it to the email when submitting the Application Form. If you wish to send this as a separate attachment, please use the SUBMIT button below.

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