

8. CONFIDENTIAL INFORMATION REGARDING ADDITIONAL SUPPORT

Please return this form stating your child's name, even if there is no professional involvement

Previous School Attended: _____

Please indicate which, if any, of these services have been/are involved with your child:

1	Child & Adolescent Mental Health Service (Sue Nicholls Centre)	
2	Educational Welfare Service	
3	Educational Psychology Service	
4	Minority Ethnic & Traveller Achievement Team	
5	Community Nursing Service	
6	Police	
7	Pupil Referral Unit	
8	Social Services	
9	Youth Offending Team	
10	Speech & Language Therapy	
11	Medical Professionals	
12	Other	

If you have ticked any of the above, please give details including contact names: