**Parent/Carer Report for Consideration**

**Early Years SEN Inclusion Fund**

Your child’s name:

Your child’s date of birth:

|  |  |
| --- | --- |
| **Tell us what your child likes doing:** | |
| **What are your child’s main difficulties?** | |
| **Is there anything else that you want to tell us about your child?** | |
| **Your name:** | **Your address:** |
| **Signed:** | **Date:** |