

E-STIP Assessment Form

Child's Details

Date of Assessment:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	First language:	Preference: Online/ Face to Face

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Email address and Telephone number:			Email address and telephone number:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					

About your child

Please detail the speech and language concerns that you have about your child:
Has your child received support with their speech and language before? (if yes, please give details)
Please detail any development/additional/special needs your child has:
Please detail any medical needs your child has:

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Please indicate if your child attends nursery, pre-school, school, childminder or none of the mentioned:

Signature of Parent/Carer

Date:

*All information will be kept confidential in line with our **Data Protection Policy** and our **Privacy Notice**.*