 Education and Children’s Services

PRO FORMA 2

**PARENT’S / CARER’S VIEW**

**Pupil’s Name: D.O.B.**

**Address:**

**School Attended:**

What are your views about your child's school and the education provided?

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What difficulties does your child experience in school?

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Do you have any concerns about the provision currently made for your child?

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Signature of parent: -------------------------------------- Date:-----------------------