



PALMERS GREEN
HIGH SCHOOL

Support Needs Questionnaire

Daughter's Name:

Telephone Number:Email Address.....

Address:

.....Post Code.....

Proposed Year Group:

Proposed Month/Year Joining School:

Disability:

Please indicate the support you expect your daughter will need with her studies:

	Yes	No
Extra time to complete exams	<input type="checkbox"/>	<input type="checkbox"/>
Use of a PC for exams	<input type="checkbox"/>	<input type="checkbox"/>
Note taker in class	<input type="checkbox"/>	<input type="checkbox"/>
Tape recording of questions	<input type="checkbox"/>	<input type="checkbox"/>
Handouts in enlarged font	<input type="checkbox"/>	<input type="checkbox"/>
Reader	<input type="checkbox"/>	<input type="checkbox"/>
Lip speaker/Signer	<input type="checkbox"/>	<input type="checkbox"/>
Additional Study Skill support	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

If there is any other information you feel it would be helpful for us to be aware of please could you include it here:

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Signed:Parent/Guardian Date: