

The Seabrook McKenzie Centre  
Inquiry Form

<b>Name of individual to be assessed:</b>	
<b>Date of Birth:</b>	<b>Present Age:</b>
<b>Gender:</b>	<b>Year:</b>
<b>Present School:</b>	
<b>Name of Parent/ Guardian:</b>	
<b>Postal Address:</b>	
<b>Phone:</b>	<b>Mobile:</b>
<b>Email:</b>	
<b>Other Contact:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Your main reason for requesting an assessment:</b>	
<b>What type of assessment do you require?</b>	
<b>What is the area of concern? Please describe the concern where possible.</b>	
<i>Reading:</i>	
<i>Spelling:</i>	
<i>Writing:</i>	
<i>Maths:</i>	
<i>Any other areas:</i>	

<b>Have hearing and vision been tested – By whom and when?</b>	
<i>Hearing:</i>	<i>Vision:</i>
<b>Has the person had any previous assessments or therapies? If yes, please specific type of assessment, date, and by whom (e.g. occupational or speech therapy, cognitive test)</b>	
<b>What has been done so far in the way of intervention (either at school or privately)?</b>	
<b>Does the person have a condition that would impact on a fair assessment?</b>	
<b>Name of person completing this form:</b>	
<b>The account of assessment should be sent to:</b>	
<b>Reports should be sent to</b> (both parents/ guardians named above are entitled to the report):	
<b>Will you be funding the assessment yourself?</b>	
<b>Do you have a community service card?</b> (if yes, please provide your CSC number)	
<b>Are you on a benefit?</b> (if yes, please specify type)	
<b>How did you hear about us?</b>	

<b>Official Use Only</b>					
Date Booked: _____	Taken By: _____	Case History Sent: _____	Entered: <input type="checkbox"/>	Calendar: <input type="checkbox"/>	
Assessor _____	Day: _____	Date: _____	Time: _____		
Assessor _____	Day: _____	Date: _____	Time: _____		
Assessor _____	Day: _____	Date: _____	Time: _____		

Please email completed form to [info@seabrookmckenzie.net](mailto:info@seabrookmckenzie.net)  
Thank you