Reasonable Adjustments - Parent Conversation

School Name:	**SENCo/Headteacher:**	**Date of Request:**
Name of Child/Young Person	**D.O.B**	**Year Group/Class:**

Name of Parent/Guardian:	**Contact Details:**
Context/overview of the needs of the child/young person (e.g medical/health/learning needs or disability)	
What reasonable adjustments are already in place?	**What has been the impact of these reasonable adjustments?**
What further reasonable adjustments are you requesting?	**What positive impact will this have on your child/family?**
Any other further comments, or background information that you would like to be considered as part of this request?	