|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please ensure all boxes are completed, before returning to:**  **training@clennelleducationsolutions.org** | | | | | | | |
| **Date of request:** | | | **CES Consultant:** | | | | |
| **School:**  **Postcode:** | | | **School contact name & position:** | | | | |
| **Tel number:** | | | **Contact person’s email:** | | | | |
| **Number expected EAA assessments to conduct**: | | **Venue of EEA assessments:** | | | **Does your school have access to their own test kits (e.g. LUCID, CTOPP, WIATT, TOMAL etc) or do you require the assessor to use their own tests?** | | |
| **Preferred/suggested dates for assessments to be carried out:** | | | | | | **Year group of students to assess:** | |
| **Invoice Details (Include Name and email address)** | | | | | | **Purchased Order Number:** | |
|  | | | | | | | |
| **Office use only:** | | | | | | | |
| **Allocated Assessor and Assessment date** | | | | **School contacted by Assessor:** | | | |
| **Notes:** | | | | | | | |
| **Assessments took place?**  **Yes/No** | **Date paperwork completed:** | |  | | | |  |
| **Credit/Charge:** | | | **Invoice number:** | | | | **Invoice sent date:** |