|  |
| --- |
| **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:** |