

REQUEST FOR SEND INVOLVEMENT – LEARNING SUPPORT TEAM

Pupil Surname					
Pupil Forename				Pupil UPN	
Date of Birth			NC Year		Male/Female
Parents/Carers					
Home Address					
Home Postcode				Tel No	
Parental e-mail (if available)					
School					
School Postcode		School Tel No		Previous Term's Attendance	%
School e-mail					
SENCo			Class Teacher		
Who has parental responsibility?			Is pupil in LAC system?	Yes / No	
Is pupil in receipt of free school meals?	Yes / No	Is pupil Gypsy/Roma/Traveller?		Yes / No	
Does the pupil attract Pupil Premium	Yes / No	Are there any medical conditions that staff working with this pupil needs to be aware of? Yes/No - please state or inform staff			
Areas of Concern: (please tick)		Main Concerns:			
A. Literacy <input type="checkbox"/> B. Numeracy <input type="checkbox"/> C. Language & Communication <input type="checkbox"/> D. Movement <input type="checkbox"/> E. EAL <input type="checkbox"/> F. Other <input type="checkbox"/> (please specify)					
Please indicate the pupil's status regarding the SEN Code of Practice: Does not have SEN / SEN Support / INA requested / INA commenced / EHCP / High Level Need					
Please indicate services which have been involved with the pupil: PRU / VI / HI / Autism / PD / MET / Speech & Language Therapist / EP / Early Intervention / Stronger Families / CAMHS / School Health / Occupational Therapist / GRT / Physiotherapist / Probation Service / Other (<i>please specify</i>)					

In order to process your request please attach copies of the following reports (where relevant)

- Pupil's current IEP / Provision Map / Passport
- Most recent reports from other agencies
- Most recent SAT results and Teacher Assessment Levels
- Any recent observations by class teacher / SENCo / Head of Year/ EWS
- Any other reports which may be relevant to support the Referral

Current Attainment:

NC Levels (or alternative assessment information): Reading _____ Writing _____ Maths _____

or

GCSE Levels: English _____ Maths _____

or

Early Years Age Bands:

Language & Communication _____ Reading _____ Writing _____ Numbers _____ Moving & Handling _____

Language Link Results (if applicable): _____

This request has been agreed with _____ of the Learning Support Team (LST)

NB: In all cases, parental consent must be obtained prior to LST involvement. It is the school's responsibility to obtain this. Please ensure that this has been done before returning this form.

- I confirm that the parents/carers have given permission for LST involvement – Yes No
- Parent/carers have also consented to share appropriate information with other professionals within Children's Services and Child Health (please tick) Yes No

Name of person requesting involvement :

Position :

Signature :

Date:

This form should be returned to the Learning Support Team, either through Egress Switch, or by post to:

***Patsy Bowdige
Learning Support Team North West
Babcock International Group
Lea Street Education Centre
Lea Street
Kidderminster
Worcs DY11 1SN
Tel: 01562 752825***