



Northumberland

County Council

NORTHUMBERLAND INCLUSIVE EDUCATION SERVICES Request for Support (Pupil Access) Form

Pupil's Name: Please verify pupil's official spelling of surname with parent	DOB:	Gender:
Parent/Carer's name: Address: (if different to pupil) Telephone no: Email: SEND Report to be circulated to parent	Parent/Carer's name: Address: (if different to pupil) Telephone no: Email: SEND Report to be circulated to parent	
Host/sponsor: Address:	Host/sponsor telephone no: Host/sponsor email:	
School:	School telephone no:	
Year Group:	Pupil Premium: Yes / No (delete as appropriate)	
Ethnic origin: Home language:	SEND CoP: Tick or highlight as appropriate Additional needs (SEN Support) High Needs (EHCP)	
Current Children's Social Services Involvement: No involvement / Early Help / Child in Need / Child Protection Plan (delete as appropriate) Looked After Child Yes / No (delete as appropriate) Name and designation of EHA Lead Professional if applicable: Name of Social Worker/ Early Help Worker if applicable:		
Health Service Involvement (School Health, NHS Speech and Language, Primary Mental Health, Occupational Therapy, Audiology, ENT, Ophthalmology, CYPS or Other) Service: Dates of involvement: Name & Designation of professional:		

Service:
Dates of involvement:
Name of professional:

Select one service only (if the involvement of other services would be beneficial this can be discussed with the initial service involved) Tick or Highlight one service below

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="radio"/> Literacy Support Service (Dyslexia) | <input type="radio"/> Emotional Wellbeing and Behaviour Support Service |
| <input type="radio"/> English as an Additional Language | <input type="radio"/> Speech, Language and Communication Service |
| <input type="radio"/> Psychological Services - if SLA held | <input type="radio"/> Sensory Support Service (Hearing, vision and multisensory Impairment) |
| <input type="radio"/> Autism Support Service | <input type="radio"/> Unsure which service is required |

Service specific checklists /screening tools attached:

Please tick or highlight that you have provided the information required by the service you are requesting support from.

- | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="radio"/> Literacy Support Service (Dyslexia) | <input type="radio"/> Emotional Wellbeing and Behaviour Support Service |
| <input type="radio"/> EAL | <input type="radio"/> Speech, Language and Communication Service |
| <input type="radio"/> Autism Support Service | |

Briefly describe why you are making a request for individual support:

Evidence of a graduated response to meet the identified need:

Please tick or highlight the documents that you have submitted:

- ☐ **Pupil Profile**
- ☐ **Pupil Passport**
- ☐ **SEN Support Plan** (pages 5 and 6, targets and outcomes) or a similar document showing at least one but preferably 2 evaluated cycles of intervention.

The Interventions targeted should be relevant to the presenting concern highlighted.

Please note: evidence of a graduated response is not required in the following circumstances:

- Speech difficulties causing significant intelligibility issues
- Sensory Support requests
- EAL new arrivals
- a sudden acute change of circumstances
- Use of psychological services SLA

What do you hope to achieve from the involvement of a Northumberland Inclusive Education Service?
Please provide key bullet pointed details.

- By signing this form, I confirm that the fully completed form has been seen/shared with parents/carers.
- As the initiator of this request, I agree to keep parents/carers informed of agreed involvement.
- In making this request, I agree to complete the required Northumberland Inclusive Education Services evaluation forms.

Contact Person:

Designation:

Email Address:

Contact No:

Signed:

Date:

This is a request to support school in achieving outcomes for the named young person. This request will not always involve direct work with the young person and/or their parents.

THIS REQUEST CANNOT BE CONSIDERED IF THE PARENTAL CONSENT (BELOW) HAS NOT BEEN SIGNED

RETURN YOUR COMPLETED FORM TO THE SERVICE YOU REQUIRE:

BY POST TO:

Name of Selected NIES Service

Northumbria House
MANOR WALKS
CRAMLINGTON
NORTHUMBERLAND
NE23 6UR

Sensory Support Service/EAL:

Riverside Centre
ARMSTRONG WAY
ASHINGTON
NORTHUMBERLAND
NE63 0YD

BY EMAIL TO:

Psychological Services:

- psychservices@northumberland.gov.uk TEL: 01670 624813

English as an Additional Language

- eal@northumberland.gov.uk TEL: 01670 624060

Sensory Support Service:

- sensorysupport@northumberland.gov.uk TEL: 01670 624854

Autism Support, Emotional Wellbeing & Behaviour Support, Literacy Support or Speech, Language & Communication Support Services:

- hint@northumberland.gov.uk TEL: 01670 624802

NORTHUMBERLAND INCLUSIVE EDUCATION SERVICES
СЛУЖБА УСЛУГ ИНКЛЮЗИВНОГО ОБРАЗОВАНИЯ НОРТУМБЕРЛЕНДА

Request for Support (Pupil Access)

Запрос о дополнительной помощи (доступ учащимся)

Parent/Carer Consent Form

Документ подтверждающий согласие родителей\опекунов

Northumberland Inclusive Education Services (NIES) is made up of a range of professionals who support schools to meet the needs of children and young people across the key stages. Colleagues in NIES are specialists in a variety of disciplines including sensory impairment, autism, emotional wellbeing and behaviour, educational psychology, speech language and communication and literacy. The role of Northumberland Inclusive Education Services is to work with schools, pupils, families, and other professionals to improve the social, emotional, and academic learning experiences of children and young people in Northumberland.

Служба Услуг Инклюзивного Образования Нортумберленда (NIES) состоит из профессионалов участвующих в поддержке школ в оказании дополнительной помощи учащимся на всех возрастных этапах. Сотрудники NIES являются специалистами в различных областях, таких как сенсорные нарушения, аутизм, эмоциональная сфера и поведение, образовательная психология, воспроизведение речи и коммуникация, грамотность. Цель NIES - это работа со школами, учащимися, их семьями и другими профессионалами, направленная на улучшение социальной и эмоциональной сферы и восприятия учебного процесса учащимися НОРТУМБЕРЛЕНДА.

School staff are asking for your consent for Northumberland Inclusive Education Services input to support them in meeting the needs of your child/young person. School staff will keep you informed about the outcome of this request and of any following action. This will not always mean direct work with the child/young person. School staff can share written communication they have with Northumberland Inclusive Education Services with you. Northumberland Inclusive Education Services will keep a record of any involvement they have to support your child, including information of any contact with other professionals who they may speak to as part of their work.

Персонал школы просят вас дать согласие на оказание необходимой помощи вашему ребёнку службой NIES. Школа будет держать вас в курсе о результатах вашего запроса и каких-либо дальнейших контактах со службой. Служба NIES будет вести подробные записи об оказанной ею помощи вашему ребёнку, включая сотрудничество с другими профессионалами, к которым они могут обратиться за дополнительной консультацией.

Name of Child/Young Person: Имя ребёнка:	Date of Birth: Дата рождения:
Name of School: Название школы:	
Name of adult(s) with parental responsibility: Имя родителя \ опекуна:	
Address: Адрес:	
Email address (parent/guardian): Электронный адрес (родителей\опекунов):	
Relationship to child/young person:	

Ваше родство с ребёнком:

Please read and agree all of the following statements: **(All must be ticked)**

- ☐ I have read the information school have provided on the referral form
- ☐ I have read and understood the information on the role of Northumberland Inclusive Education Services
- ☐ I have read the GDPR statement regarding use of data
- ☐ I understand this request may not result in direct contact with me / my child and school will keep me informed of how work will be undertaken

Прочтите и подтвердите своё согласие с нижеследующими критериями: **(необходимо поставить птичку напротив каждого критерия)**

- ☐ Я прочёл информацию предоставленную школой на реферальной форме
- ☐ Я прочёл и понял информацию о роли службы NIES
- ☐ Я прочёл декларацию GDPR о правилах использования конфиденциальной информации
- ☐ Я понимаю, что в результате запроса на оказание помощи моему ребёнку могут быть вовлечены другие профессионалы, о которых школа будет меня информировать

I give / do not give (delete as appropriate) my consent for Northumberland Inclusive Education Services to support my child at home/in school. I understand that this request may result in SEND Support having individual contact with my child/young person and/or liaison with other professionals and nursery staff/school in order to provide advice to staff to help them meet my child/young person's needs. I also understand that an electronic file will be created, and a written record of work will be shared.

Я даю \ не даю (подчеркните ваш выбор) своё согласие на то, что служба NIES будет оказывать помощь моему ребёнку на дому \ в школе. Я понимаю, что в результате этого запроса служба NIES может иметь индивидуальный контакт с моим ребёнком, а также и с другими профессионалами, для того чтобы оказать информационную поддержку и помочь школе как можно лучше подстроиться к индивидуальным нуждам моего ребёнка.

I give / do not give (delete as appropriate) consent for reports written by Northumberland Inclusive Education Services to be shared with health, social care and/or other education services currently working with my child.

Я даю \ не даю (подчеркните ваш выбор) своё согласие на то, что письменные отчёты по работе с моим ребёнком, подготовленные службой NIES, будут предоставлены на рассмотрение другим службам, таким как службам здравоохранения и социальным службам.

I give / do not give (delete as appropriate) my consent for Northumberland Inclusive Education Services to have access to relevant medical information (from Audiology/ENT/Ophthalmology departments). **FOR REFERRALS INTO SENSORY SUPPORT ONLY**

Я даю \ не даю (подчеркните ваш выбор) своё согласие на то, что служба NIES будет иметь доступ к необходимой информации о здоровье моего ребёнка (учреждения аудиологии и офтальмологии) **ТОЛЬКО ДЛЯ НАПРАВЛЕНИЯ К СЕНСОРНЫМ СЛУЖБАМ**

Print name of adult:

Имя взрослого печатными буквами:

Signed:

Подпись:

Date:

Дата:

GENERAL DATA PROTECTION REGULATION 2018 PRIVACY STATEMENT

Northumberland County Council is the data owner of the information collected by our service. The information collected will enable us to assess the support/requirements that would help to achieve better outcomes for your child / young person's education and development. We will not provide your personal information to any other external organisation or individual unless it is lawful to do so or where you have provided explicit consent to do so. Personal data will be held securely, then destroyed in line with the Northumberland County Council retention schedule. The Council's retention schedules, and Privacy Notice can be found on the Council's website. The 'Northumberland Inclusive Education Services' - How We Handle Your Information' notice can be found on each Inclusive Education Support Service website.