

**NORTHUMBERLAND INCLUSIVE EDUCATION SERVICES**

**Request for Support (Pupil Access) Form**

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| **Pupil’s Name:** | | **DOB:** | | | **Gender:** |
| **Parent/Carer’s name:**  **Pupil’s Address:**  **Telephone no:**  **Email:**  **NIES Report to be circulated to parent** | | **Parent/Carer’s name:**  **Address:** (if different to pupil)  **Telephone no:**  **Email:**  **NIES Report to be circulated to parent** | | | |
| **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, Paediatrician, Primary Mental Health, Occupational Therapy, Audiology, ENT, Ophthalmology, CYPS or Other)** | | | | | |
| **Service** | **Dates of Involvement** | | | **Name and designation of professional** | |
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| **Select one service only** *(if the involvement of other services would be beneficial this can be discussed with the initial service involved)* Select one service below | | | | | |
| **SERVICE** | | **Indicate with X** | **SERVICE** | | **Indicate with X** |
| Specific Learning Difficulties - Literacy or Maths **(NOT BOTH)** | |  | Autism Support Service | |  |
| English as an Additional Language | |  | Emotional Wellbeing and Behaviour Support Service | |  |
| Psychological Services **- SLA held. We discussed this piece of work with our Educational Psychologist on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please insert date** | |  | Speech, Language and Communication Service | |  |
| Sensory Support Service (Hearing, vision and multisensory impairment) | |  |  | |  |
| **Psychological Services Requests Only:** Please select the primary area of need that you are seeking support for: | | | | | |
| Please select primary area of need you are seeking support for: | | | | | |
|  | | **Indicate with X** |  | | **Indicate with X** |
| Cognition and Learning | |  | Social Emotional & Mental Health | |  |
| Communication and Interaction | |  | Sensory and/or Physical | |  |
| Service specific documentation attached:  Please indicate that you have provided the information required by the service you are requesting support from. | | | | | |
| **SERVICE** | | **Indicate with X** | **SERVICE** | | **Indicate with X** |
| Specific Learning Difficulties (Literacy or Maths) **Not both** | |  | Autism Support Service | |  |
| English as an Additional Language | |  | Emotional Wellbeing and Behaviour Support Service | |  |
| Psychological Services **- SLA held. We discussed this piece of work with our Educational Psychologist on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please insert date** | |  | Speech, Language and Communication Service | |  |
| Sensory Support Service (Hearing, vision and multisensory impairment) | |  |  | |  |
| **Briefly describe why you are making a request for individual support:** | | | | | |
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| ***Evidence of a graduated response to meet the identified need:***  Please tick or highlight the documents that you have submitted:   * **Pupil Profile** * **Pupil Passport and Support Plan** 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.     **Name of Referrer/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** | | | | | |

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| **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 & English as an Additional Language:**  **RIVERSIDE CENTRE**  **ARMSTRONG WAY**  **ASHINGTON**  **NE63 0YD** | **BY EMAIL TO:**  **Psychological Services:**   * [psychservices@northumberland.gov.uk](mailto:psychservices@northumberland.gov.uk) **TEL:** 01670 624813   **English as an Additional Language**   * [eal@northumberland.gov.uk](mailto:literacysupport@northumberland.gov.uk) **TEL:** 01670 624854   **Sensory Support Service:**   * [sensorysupport@northumberland.gov.uk](mailto:sensorysupport@northumberland.gov.uk) **TEL:** 01670 624854   **Autism Support, Emotional Wellbeing & Behaviour Support, Specific Learning Difficulties (SpLD) Support or Speech, Language & Communication Support Services:**   * [hint@northumberland.gov.uk](mailto:hint@northumberland.gov.uk) **TEL:** 01670 624802 |

**NORTHUMBERLAND INCLUSIVE EDUCATION SERVICES: Parent/Carer Consent Form**

**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.**

**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.**

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| **Name of Child/Young Person:** | **Date of Birth:** |
| **Name of School:** | |
| **Name of adult(s) with parental responsibility:** | |
| **Address:** | |
| **Email Address:** | |
| **Relationship to child/young person:** | |
| **Do you have any educational concerns relating to your child that you would like to share with NIES?** | |
| Please read and agree all 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   **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 Northumberland Inclusive Education Services 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.  **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.  **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** | |
| **Print name of adult:** | |
| **Signed:** | **Date:** |

**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.**