

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

Pupil's Name:	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"/> English as an Additional Language
<input type="radio"/> Psychological Services - if SLA held
<input type="radio"/> Autism Support Service | <input type="radio"/> Emotional Wellbeing and Behaviour Support Service
<input type="radio"/> Speech, Language and Communication Service
<input type="radio"/> Sensory Support Service (Hearing, vision and multisensory Impairment)
<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"/> EAL
<input type="radio"/> Autism Support Service | <input type="radio"/> Emotional Wellbeing and Behaviour Support Service
<input type="radio"/> Speech, Language and Communication 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: Parent/Carer Consent Form

خدمات التعليم الشامل في نورثمبرلاند: نموذج موافقة ولي الأمر / مقدم الرعاية

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.

تتكون خدمات التعليم الشامل في نورثمبرلاند

NIES من مجموعة من المهنيين الذين يدعمون المدارس لتلبية احتياجات الأطفال والشباب عبر المراحل الرئيسية. الزملاء في (NIES) هم متخصصون في مجموعة متنوعة من التخصصات بما في ذلك الإعاقة الحسية والتوحد والرفاهية العاطفية والسلوك وعلم النفس التربوي ولغة الكلام والتواصل ومحو الأمية

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.

يتمثل دور خدمات التعليم الشامل في نورثمبرلاند في العمل مع المدارس والتلاميذ والأسر وغيرهم من المهنيين لتحسين تجارب التعلم الاجتماعية والعاطفية والأكاديمية للأطفال والشباب في نورثمبرلاند.

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.

/ يطلب موظفو المدرسة موافقتك على مدخلات خدمات التعليم الشامل في نورثمبرلاند لدعمهم في تلبية احتياجات طفلك / شريك. سيقوم موظفو المدرسة على علم بنتيجة هذا الطلب وبأي إجراء لاحق

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.

هذا لن يعني دائما العمل المباشر مع الطفل / الشاب. يمكن لموظفي المدرسة مشاركة الاتصالات المكتوبة التي لديهم مع خدمات التعليم الشامل في نورثمبرلاند معك. ستحتفظ خدمات نورثمبرلاند للتعليم الشامل بسجل لأي مشاركة لديهم لدعم طفلك ، بما في ذلك معلومات عن أي اتصال مع المهنيين الآخرين الذين قد يتحدثون إليهم كجزء من عملهم

Name of Child/Young Person:	Date of Birth:
اسم الطفل / الشاب:	تاريخ الولادة:
Name of School:	اسم المدرسة:
Name of adult(s) with parental responsibility:	اسم الشخص البالغ (البالغين) الذين يتحملون المسؤولية الأبوية:
Address:	العنوان:
Relationship to child/young person:	العلاقة مع الطفل/الشباب:

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

يرجى قراءة جميع العبارات التالية والموافقة عليها: (يجب وضع علامة على الجميع)

- I have read the information school have provided on the referral form
لقد قرأت المعلومات التي قدمتها المدرسة في نموذج الإحالة
- I have read and understood the information on the role of Northumberland Inclusive Education Services
لقد قرأت وفهمت المعلومات المتعلقة بدور خدمات التعليم الشامل في نورثمبرلاند
- I have read the GDPR statement regarding use of data
لقد قرأت بيان الناتج المحلي الإجمالي فيما يتعلق باستخدام البيانات
- 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
أفهم أن هذا الطلب قد لا يؤدي إلى اتصال مباشر معي / طفلي وستبقيني المدرسة على علم بكيفية القيام بالعمل

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.

أعطي / لا أعطي (أحذف حسب الاقتضاء) موافقتي على خدمات التعليم الشامل في نورثمبرلاند لدعم طفلي في المنزل / في المدرسة. أفهم أن هذا الطلب قد يؤدي إلى اتصال فردي مع طفلي / شابي و / أو الاتصال بالمهنيين الآخرين وموظفي / مدرسة الحضانة من أجل تقديم المشورة للموظفين لمساعدتهم على تلبية احتياجات طفلي / شابي.

I also understand that an electronic file will be created, and a written record of work will be shared.
وأفهم أيضا أنه سيتم إنشاء ملف إلكتروني، ومشاركة سجل مكتوب للعمل.

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.

أعطي / لا أعطي (أحذف حسب الاقتضاء) الموافقة على التقارير التي كتبها خدمات التعليم الشامل في نورثمبرلاند لمشاركتها مع خدمات الصحة والرعاية الاجتماعية و / أو غيرها من الخدمات التعليمية التي تعمل حاليا مع طفلي.

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**

أعطي / لا أعطي (أحذف حسب الاقتضاء) موافقتي على خدمات نورثمبرلاند التعليمية الشاملة للوصول إلى المعلومات الطبية ذات الصلة (من أقسام السمعيات /الأنف والأذن والحنجرة /طب العيون) للإحالات إلى الدعم الحسي فقط.

Print name of adult:

اسم الشخص البالغ

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.