

**NORTHUMBERLAND INCLUSIVE EDUCATION SERVICES**

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

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| **Pupil’s Name:**   | **DOB:**  | **Gender:**   |
| **Parent/Carer’s name:****Address:** (if different to pupil)**Telephone no:****Email:****SEND Report to be circulated to parent: Yes / No *(Please delete as appropriate)*** | **Parent/Carer’s name:****Address:** (if different to pupil)**Telephone no:****Email:****SEND Report to be circulated to parent: Yes / No *(Please delete as appropriate)*** |
| **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 |
| * Literacy Support Service (Dyslexia)
* English as an Additional Language
* Psychological Services **- if SLA held**
* Autism Support Service
 | * Emotional Wellbeing and Behaviour Support Service
* Speech, Language and Communication Service
* Sensory Support Service (Hearing and/or Vision Impairment)
* Unsure which service is required
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| 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. |
| * Literacy Support Service (Dyslexia)
* EAL
* Autism Support Service
 | * Emotional Wellbeing and Behaviour Support Service
* Speech, Language and Communication Service
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| **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 attach details of the interventions implemented (****last 6 months only****); the Interventions should be relevant to the presenting concern.****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*
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| **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**  |

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|  **RETURN YOUR COMPLETED FORM TO THE SERVICE YOU REQUIRE:** |
| **BY POST TO:** ***Name of Selected NIES Service*****Aesca House****SOUTH VIEW****ASHINGTON****NORTHUMBERLAND****NE63 0SF****Sensory Support Service:****Riverside Centre****ARMSTRONG WAY****ASHINGTON****NE63 0YD** | **BY EMAIL TO:** **Psychological Services:*** psychservices@northumberland.gov.uk **TEL:** 01670 624813

**Literacy Support service:*** literacysupport@northumberland.gov.uk **TEL:** 01670 624813

**English as an Additional Language*** eal@northumberland.gov.uk **TEL:** 01670 624813

**Sensory Support Service:*** sensorysupport@northumberland.gov.uk **TEL:** 01670 624854

**Autism Support , Emotional Wellbeing & Behaviour Support or Speech, Language & Communication Support Services:*** asd.behaviour.slcn@northumberland.gov.uk **TEL:** 01670 624802
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**NORTHUMBERLAND INCLUSIVE EDUCATION SERVICES**

 **Parent/Carer Consent Form**

**Northumberland Inclusive Education Services (NIES) comprise 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 autism, emotional wellbeing and behaviour, educational psychology, speech language and communication, literacy and sensory impairment. 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’s need. 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:** |
| **Relationship to child/young person:** |
| 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

I give / do not give (delete as appropriate) my consent for Northumberland Inclusive Education Services to support my child 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 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** 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. |
| **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.**