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| **Spring Lane School** | | | | | | | | | | |
| **Request for Inclusion Support Team Assessment – Section 1** | | | | | | | | | | |
| Pupil | | | | | | | | Year group | | |
| D.O.B | | Gender | | | Ethnicity (code) | | | CYPIC Y/N | | |
| Code of practice (code) | | | | | Intervention cycle | | | Pupil Premium Y/N | | |
|  | | | | | | | | | | |
| Home Address: | | | | | | Referring High School: | | | | |
| Referrer/designation: | | | | |
| Referral date: | | | | |
|  | | | | | | | | | | |
| Who has Parent/Carer Responsibility - Full Name(s): | | | | | | | | | | |
| Relationship to Young Person: | | | | | | | | | | |
| Current Contact Numbers: | | | | | | | | | | |
| Email Address: | | | | | | | | | | |
|  | | | | | | | | | | |
| If there are safeguarding/social care issues relating to this young person, please tick boxes below to indicate the nature of involvement | | | | | | | | | | |
| TAF |  | | CIN | | | |  | CP | |  |
| Has a EHFSP been completed? Y/N Attached? Y/N | | | | | | | | | | |
|  | | | | | | | | | | |
| **Current Outside Agencies Involved:** | | | | | | | | | | |
| Agency | | | | Key professional | | | | | Contact details | |
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| Please indicate if there are any further safeguarding/social care concerns or other background/historical information that we may need to be aware of/discuss (see guidance notes) Y/N | | | | | | | | | | |
| **Current school–based supporting staff/service professionals** | | | | | | | | | | |
| **Name/designation** | | | | | | **Supporting role with pupil** | | | | |
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| **Spring Lane School** |
| **Request for Inclusion Support Team Assessment – Section 2** |
| Please provide a brief summary of learning and behaviour issues which have led to this request.  **Please provide behaviour logs/details of exclusions/attendance record/progress reports –see guidance notes** |
| School assessment/intervention: Please describe current support for pupil.  **Please provide copies of intervention/support plans (see guidance notes).**  Person centred profile completed Subject profiles completed Home profile completed |

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| **Parent/Carer Declaration.**  **I have read and understand this completed referral form, and agree to this request for assessment from the Inclusion Support Team.**  **I understand that this assessment may include observation and/or an initial discussion with the referred pupil and agree to this.**  **I agree to school sharing the pupil information they have with the Inclusion Support Team.**  **I agree to the sharing of information with other professionals involved with the pupil.** | |
| **Signed (parent/carer):** | **Date:** |