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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 |
|  |  |  |
|  |  |  |
|  |  |  |
| 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:** |