**REQUEST FOR INVOLVEMENT FROM SPECIAL EDUCATION NEEDS & INCLUSION SERVICES (0-25)**

**GUIDANCE NOTES**

**Who can you refer to using this form?**

This form can be used to request the involvement of:

* the Early Years SEND Specialist and Portage Service,
* the Advisory Teaching services for Autism and ADHD,
* the Specialist Teaching Service for Sensory (Deafness, Vision Impairment and/or MSI) and Physical Disability.
* Local Area SENI Support (LASS) Service.

**How do you complete this form?**

Indicate which service you are requesting, you can request more than one service if this is relevant.

Complete the form with as much information as possible and give details of the child/young person and services involved/diagnoses.

Please say clearly what support your setting is seeking.

This form must be signed bythe parent/carer/young person. In order to comply with GDPR this is essential.

This form must be signed by a senior manager from the setting.

**If relevant signatures are not provided this will result in the form being returned to you.**

**If there is information in another format, such as education setting assessment reports, letters confirming diagnoses - please attach these.**

**What will happen following your request?**

The request will be reviewed and discussed by members of the SEN and Inclusion Services Management Team. Meetings to discuss requests happen fortnightly during term time.

The outcome of your request will be communicated within 3 working days of a meeting.

Once your RFI has been discussed these are some of the possible responses to your request:

* Allocation to Specialist Teaching Services/ Early Years, Portage team (this may result in a visit or a telephone consultation)
* Other advice may be given such as, signposting to other relevant services including the SEND Hub network
* Request for further information if insufficient detail is included in your request and the nature of support required is unclear

**Impact of Involvement:**

You will be asked to complete a feedback form following so we can measure the impact of our involvement.

**Where do you send this form to?**

Send this form to inclusion-referrals@Peterborough.gov.uk . You will receive an automated response to confirm receipt.

If your request is urgent, please email Sen.Inclusion@Peterborough.gov.ukor call 01733 863702 and ask that the relevant service manager contacts you.

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| **Please indicate with an X which service(s) you are requesting:** |
| **ADHD** |  | **Deaf support**  |  |
| **Autism** |  | **Multi-sensory impairment** |  |
| **Early Years SEND Specialist and Portage Service** |  | **Physical Disabilities** |  |
| **Local Area SENI Support (LASS) Service** |  | **Vision impairment** |  |

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**\*MANDATORY FIELDS (MUST BE COMPLETED)**

|  |  |
| --- | --- |
| **Child’s / Young person’s name\*:**  |  |
| **Date of birth\*:**  |  | **Education year group:** |  |
| **Gender:**  | F M | **Ethnic background:**  | **Prefer not to say**  |
| **Looked after Child:** | YES NO | **If yes, name of social worker:** |  |
| **EHCP in place** | YES NO | **EHA completed** | YES NO |
| **Language spoken at home:** |  |
| **Child/ Young person’s address:** |  |
| **Parent/carer’s address if different:** |  |
| **Telephone number of person(s) / adult with parental responsibility:** |  |
| **Contact details of Young Person:** |  |
| **Parent/carer’s email address:** |  |
| **Parent / Carer’s preferred contact:** |  Phone Email |
| **Parents / Carers/ Young Person’s consent:*** *I give my permission for this information, included in this referral, to be shared with Special Educational Needs and Inclusion (SENI) Services.*
* *I agree for the professionals involved in this referral to seek and share information with relevant agencies (including medical information) to ensure the right support is implemented by the right services in the right manner.*
* *The information contained within this referral will be used in accordance with the Data Protection Act 1998 and other relevant legislation. Peterborough City Council’s commitment and responsibilities can be found at:* [*http://www.peterborough.gov.uk/council\_and\_democracy/data\_protection\_act\_1998.aspx*](http://www.peterborough.gov.uk/council_and_democracy/data_protection_act_1998.aspx)
 |
| **\*Child/Young Person’s signature to give consent:*****(The young person’s signature is a requirement for over 16 year olds).*** |  |
| **\*Parent/ Carer’s signature to give consent**  |  |
| **\*Parent(s) / Carer(s) full name (printed)** |  |
| **Parent(s) / Carer (s) email (*by providing an email you give consent for PCC to share correspondence with you electronically)*** |  |

|  |  |
| --- | --- |
| **\*Referrer details****Name and Role of person making the request (please print):** |  |
| **\*Phone number and email address of the person making the request:** |  |
| **\*Service/Education setting (Health professional/nursery/school/college):** |  |
| **\*Signature and role of Senior Leader.** **For non- school settings Service Manager or Lead practitioner.** |    |
| **Date of request:** |  |

|  |
| --- |
| **\*Nature of Special Educational Needs and / or Disabilities, including any diagnosis if known.** |
|  |
| **\*Use this box to explain why this request is being made. What support are you seeking, and what do you want the impact of our involvement to be.**  |
| **Why you are requesting involvement?****What are your desired outcomes for our involvement?** |

**Please note which services have been involved with this child / young person:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Involved**  | **Information attached** | **Dates of involvement** | **Name of service contact** |
| *Please tick* |
| Audiology |  |  |  |  |
| Autism / ADHD Advisory Teaching Service |  |  |  |  |
| Child and Adolescent Mental Health Service (CAMHS) |  |  |  |  |
| Child Development Centre |  |  |  |  |
| Community Paediatrician  |  |  |  |  |
| Early Help Assessment |  |  |  |  |
| Early Support  |  |  |  |  |
| Early Years Specialist SEN and Portage |  |  |  |  |
| Educational Psychology |  |  |  |  |
| Health assessments |  |  |  |  |
| Health visiting team |  |  |  |  |
| Occupational therapy |  |  |  |  |
| Ophthalmology |  |  |  |  |
| Portage Service |  |  |  |  |
| Physiotherapist |  |  |  |  |
| School Nursing  |  |  |  |  |
| SEND Partnership Service |  |  |  |  |
| Social Care services |  |  |  |  |
| Specialist hospital |  |  |  |  |
| Specialist Paediatrician  |  |  |  |  |
| Sensory and Physical Support Service (SAPS) |  |  |  |  |
| Speech and Language Therapy Service (SALT) |  |  |  |  |
| Statutory Assessment and Monitoring Service |  |  |  |  |
| Other |  |  |  |  |