**SEND Request for Additional Support**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child/Young Person’s Details** | | | | | |
| **Full Name** |  | | | | |
| **Date of Birth** |  | Age |  | Year Group |  |
| **Gender and Pronouns** |  | | | | |
| **Home Address** |  | | | | |
| **School/Setting** |  | | | | |
| **Setting Start Date** |  | | | | |
| **Child Looked After (CLA)** |  | | | | |
| School / Setting Details | | | | | |
| Involvement Requested By |  | | | | |
| **Position Held** |  | | | | |
| **Contact Email** |  | | | | |
| **Contact Telephone** |  | | | | |
| **Date of this Request** |  | | | | |
| Parent / Carer Details | | | | | |
| Name of Parent/Carer |  | | | | |
| **Address** |  | | | | |
| **Email** |  | | | | |
| **Contact Number** |  | | | | |
| **Name of Parent/Carer** |  | | | | |
| **Address** |  | | | | |
| **Email** |  | | | | |
| **Contact Number** |  | | | | |
| **Language(s) spoken at home** |  | | | | |
| **Any additional communication requirements** |  | | | | |

|  |  |
| --- | --- |
| **Who do you wish to consult with? (select one)** | |
| Educational Psychologist |  |
| Behaviour and Emotional Wellbeing Officer (BEWO) |  |
| Specialist Advisory Teacher: Autism/Communication and Interaction |  |
| Specialist Advisory Teacher: Early Years SAT or Area SENCo |  |
| Specialist Advisory Teacher: English as an Additional Language (EAL) |  |
| Specialist Advisory Teacher: Developmental Language Disorder |  |
| Specialist Advisory Teacher: Severe Learning Difficulties |  |
| Specialist Advisory Teacher: Physical / Medical Needs |  |
| Specialist Advisory Teacher: Deaf / Hearing Impairment |  |
| Specialist Advisory Teacher: Blind / Visual Impairment |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supporting Documentation** | | | |
| *Please attach documentation that evidences the use of Assess, Plan, Do, Review and the child or young person’s progress.* | | | |
| Individual Support Plans/Individual Education Plans  *At least one reviewed support plan and the current plan* | | Essential | |
| Provision Map or Timetable of Support | | Essential | |
| Evidence of the child/young person’s current skills and attainments, and progress  *This should include results of standardised tests of literacy and numeracy, and curriculum tracking data or Early Years Developmental Journal/SOGS for Early Years children* | | Essential | |
| Information about the child/young person’s social and emotional needs (if applicable)  *This may include profiles or questionnaires – or EYDJ for Early Years children* | | Essential | |
| Medical diagnosis evidence and Health Care Plan (if applicable)  *For requests for B/VI and D/HI medical information is essential* | | Essential | |
| Samples of the child/young person’s work/drawings if relevant and appropriate – Y1 onwards | | Desirable | |
| Other recent professional reports | | Desirable | |
| **Summary of Strengths and Needs**  ***What can the Child/Young Person do well? What are their interests? What do they find difficult?*** | | |
| Strengths | Needs | |
|  |  | |
| **Evidence of the Graduated Response (Assess, Plan, Do, Review)** | | |
| What have you tried? *Strategies/interventions/curriculum/support:*  *refer to Ordinarily Available Provision* | What impact have you noticed? What has been successful? | |
|  |  | |
| **What is your main priority at the moment?**  ***How would you like things to change and what are your hopes for this involvement?*** | | |
|  | | |
| **What is contributing to the difficulties/concerns?** | | |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Support the Child/Young Person is Receiving** | | | | | |
| Early Help | Yes/No | | Child in Need Plan | | Yes/No |
| Child Protection Plan | Yes/No | | SENIF | | Yes/No |
| Pupil Premium | Yes/No | | DLA | | Yes/No |
| DAF | Yes/No | |  | |  |
| **Other Professionals Involved** | | | | | |
| Role | | Name | | Email | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| **Staff Training** | | | | | |
| Have staff completed any additional training relevant to the concerns?  *E.g. Emotional Literacy Support Assistant (ELSA), Autism Education Trust (AET) etc.* | | | | | |
|  | | | | | |

|  |
| --- |
| **Additional Comments** |
|  |

|  |
| --- |
| **View of Parent(s)/Carer(s)** |
| *This should include an overview of life at home: CYP’s strengths, interests, life experience, important people and aspirations. How do parents feel they need help?* |
|  |

|  |
| --- |
| **View of Child or Young Person** |
| *These should be obtained directly whenever possible, in a way that is accessible to the CYP.* |
|  |

|  |  |
| --- | --- |
| **Consent for Involvement** | |
| **Data Protection Act:** We are collecting this information to determine the educational needs of the above-named pupil. We may also share it with other relevant professionals, for example, teachers, health and care workers to inform their work. By signing this form, the parent(s)/carer(s) and/or young person agree that, after discussions between families and professionals who are already involved, other professionals may become involved without the need for an additional involvement form.  We will also use the collected information for the wider purpose of providing data. The data will help monitor provision and find areas of need to target for future resources. | |
| Signature of young person if over 16 or if judged ‘Gillick’ competent. |  |
| Name(s) of Parent(s)/Carer(s) |  |
| Signature(s) of Parent(s)/Carer(s) |  |
| Date |  |

|  |  |
| --- | --- |
| Name and role of the person submitting the request |  |
| Signature of the person submitting this request |  |
| Date |  |