**Local Authority (LA) specialist support service required to support the child/young person**

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| **Childs Name:** | **DOB:** |
| **Address:** | |
| **School /Agency making request:**  **Address** | **Contact Person, Email, and Telephone Number:** |

***Please tick only one box***

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| County Psychological Service (including Behaviour Emotional Wellbeing Officer) |  |
| Early Years Area SENCO/Early Years Specialist Advisory Teacher  Or County Psychological Service if the child has SEMH needs  Or SAT Physical/Medical team from January 2022 if the child is in reception |  |
| Access and Inclusion Officer |  |
| Specialist Advisory Teacher (SAT) for pupils with: |  |
| Communication and Interaction Difficulties |  |
| Blind/Visual Impairment |  |
| Deaf/Hearing Impaired |  |
| English as an Additional Language |  |
| Physical/Medical Difficulties |  |
| Speech, Language and Communication Difficulties |  |

**Note: These services will provide additional assessment and advice before any consideration is given to starting any statutory assessment.**

*It is also possible to consult with these teams prior to requesting their involvement.*

**If you need to refer to health services you need to complete the appropriate health referral form.**

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| **Additional documents**  Please list any additional documents attached. |
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