



REQUEST FOR SPECIALIST SUPPORT INVOLVEMENT

Pupil Surname					
Pupil Forename					
Date of Birth		NC Year		Male/Female	
Parents/Carers					
Home Address					
Home Postcode		Home Tel No			
Parental email (if available)					
School					
School Address					
School Postcode		School Tel No			
SENCO		Class Teacher			
Who has parental Responsibility?		Is pupil in LAC system?	Yes / No		
Is pupil in receipt of free school meals?	Yes / No	Is pupil Gypsy/Roma/Traveller?	Yes / No		

Please indicate which Team you would like to respond AND complete the associated section overleaf:

- Pupil has a diagnosed / suspected Visual Impairment **A**
- Pupil has a diagnosed / suspected Hearing Impairment **B**
- Pupil has an Autism Spectrum Condition (formal diagnosis) **C**
- Pupil has a Complex Communication Difficulty **D**
- Pupil has Multi Sensory Impairments **E**
- Pupil has a need for assistive ICT and / or AAC **F**
- Pupil has an evidenced medical condition which is preventing attendance, or pupil is pregnant or has recently become a mother (please request a separate referral form)

Please indicate the pupil's status regarding the SEN Code of Practice:

Pupil does not have SEN / EY / EYA+ / SA / SA+ / SA requested / SA commenced / Statement

Date of next review:

I confirm that the parents / carers have given permission for this request for involvement

Name:	Position:
Signature:	Date:
School email contact:	

A) Pupil has a diagnosed / suspected visual impairment

Name of Consultant Ophthalmologist / Optometrist:

Name of Hospital:

Description of visual impairment/difficulties which indicate impaired vision:

B) Pupil has a diagnosed / suspected hearing impairment

Name of ENT Consultant:

Description of difficulties which indicate a hearing loss:

C) Pupil has an Autism Spectrum Disorder

Diagnosis from:

Presenting difficulties:

D) Pupil has a Complex Communication Difficulty

Presenting difficulties:

E) Pupil has multi-sensory impairments

Name of Consultant/Community Paediatrician:

Does the pupil receive Portage: Yes / No

F) Pupil has a need for assistive ICT and/or AAC

Name of Occupational Therapist:

Name of Speech and Language Therapist:

PD Team involved: Yes / No

Please indicate services which have been involved with the pupil:

LST / BST / Speech & Lang Therapist / EP / EWO / CAMHS / School Health / Occupational Therapist / WMEST / Connexions / Physiotherapist / Probation Service / Other (please specify):

In order to process your request please attach copies of the following reports (where relevant):

- Pupil's current IEP / Provision Map
- Most recent Educational Psychology report
- Most recent SAT results and Teacher Assessment level
- Any recent observations by class teacher / SENCO / Year Head / EWO etc.