

 **Inclusion and Engagement Support Service**

**Parent/Carer's Permission Form for the Inclusion and Engagement Support Team Involvement**

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| Name of child: |       | Date of Birth: |       |
| Address |       |
| Parent/carer name: |       | Parent/carer name: |       |
| Address:(if different from above) |       | Address:(if different from above) |       |
| Establishment Name: |       | Year Group: |       |

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| I give permission for the involvement of the Inclusion and Engagement Support Team with      . This involvement could include direct work with the child or young person and/or discussion with other adults who teach and care for the child or young person as well as other professionals who support them.Giving consent means that: * I understand the role and function of the Inclusion and Engagement Support Team within the Lancashire SEND Specialist Teaching Service
* I understand the activities which the Inclusion and Engagement Support Team might undertake with respect to the child or young person, either directly or indirectly
* I understand the nature and location of any records that will be kept by Inclusion and Engagement Support Team and how these will be shared with me and others.
* I understand relevant information may be shared with professionals involved with my child.
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| Parent/carer name: |       |
| Signature: |       |
| Date |       |