

**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 |  |