



**Inclusion and Engagement Support Team**

**SEN Support Request Form 2024-2025**

***Please do not send a request without a signed Parental Consent form, as this is a data breach.***

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| ***It is essential that this form is completed in as much detail as possible,***  ***as this will enable more time in settings to work with CYP.***  Please note failure to attach requested documents may delay your request. | | | | | |
| **School Name:** | |  | | | |
| **LA School Number:** | |  | | | |
| **School Address:** | |  | | | |
| **Pupil Name:**  **UPN:** | | | | | |
| **School Attendance:** | | | | | |
| **D.O.B:** | | | **Year Group:** | | |
| **Ethnicity:** | | | **Home Language:**  **Language spoken by YP:** | | |
| **CAF / EHA:**  **CAF / EHA No:**  **CLA:** | | | **TAF:** **Date of last TAF:** | | **CIN/CP:** |
| **Area of SEND**: | | | | | |
| **Other Agency Involvement** *(please include details of any Specialist Teacher or other agency involved)*   |  |  | | --- | --- | | **Agency Name** | **Date of Involvement** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | | |
| **Have you consulted your link Community Senior Support Worker within the Child & Family Wellbeing Service?** *(please include link to CFW Snr)* | | | | | |
| **Primary Schools : Have you accessed support from your Inclusion Hub? Yes/No**  **If so, what support has been provided (please provide details):** | | | | | |
| **Parental Consent Sought**  *A signed parental consent form* ***must*** *be completed.* | | | **Yes/No:** | | |
| **Class Teacher:** | | | **Support Assistant:** | | |
| **SENDCO:** | | | **Contact Tel No:**  **Email:** | | |
| **Summary of concerns**  *What are the specific behaviours which have led to this request? (Please bullet point)* | | | | | |
| **Current support in place**  *(1-1, interventions, own workstation, safe space, sensory breaks, nurture- frequency and duration etc)* | | | | | |
| **Proposed outcomes of support from this service**  *(What are you hoping to achieve with support from our service?)* | | | | | |
| **What is working well?** | | | **What is not working?** | | |
| **In the classroom?** | **At structured/**  **unstructured time** | | **In the classroom?** | | **At structured/**  **unstructured time** |
| **Pupil Voice**  *(Strengths, skills, hobbies, interests and aspirations)* | | | | | |
| **Health and Medical Needs** | | | | | |
| **Current Academic Levels**  **Reading:**  **Writing:**  **Maths:** | | | | | |
| **Any risk or implications for Safety Management** | | | | | |
| **Suspensions:**  **Number:**  **Dates:** | | | | | |
| **Please attach any relevant documentation**  (Support plan, specialist reports, pastoral/behaviour plan  **Please email completed request to:**  [*iest.sensupport@lancashire.gov.uk*](mailto:iest.sensupport@lancashire.gov.uk) | | | | | |
| **Completed by**: | | | | **Signature:** | |
| **Designation**: | | | | **Date:** | |
| **School Senior Leader**: | | | | **Signature:** | |
| **Designation**: | | | | **Date:** | |
| ***If your referral is successful, an Engagement and Commitment agreement.***  ***between School and the IES SEN Team will be formalised.*** | | | | | |