



**Access to SEND and Inclusion  
Specialist Advisory Teams  
2023/24**

# Request for access to SEND support

Identified area of need – **please tick ONLY 1 box, indicating the specific primary area of need requiring support at this requested time**

<b>Communication and Interaction</b>	<input type="checkbox"/>	<b>Social, Emotional, Mental Health</b>	<input type="checkbox"/>	<b>Physical and Sensory*</b>	<b>Cognition and Learning</b>
Communication and Interaction Needs		SEMH		Hearing Impairment <input type="checkbox"/>	SpLD (Dyslexia) <input type="checkbox"/>
				Visual Impairment <input type="checkbox"/>	
				Multi-Sensory Impairment <input type="checkbox"/>	
				Physical Difficulty <input type="checkbox"/>	
				ICT SEND <input type="checkbox"/>	

**\*If requesting support for HI, VI or MSI please ensure this is a confirmed diagnosis and include the latest medical report with the request.**

## Documentation

**Need:** Drawn from your graduated response and/or screening tools. A brief summary of concerns specific to the current primary area of need identified:

Desired <b>outcome</b> 1	Current <b>provision</b> to support this outcome	<b>Impact</b> (What's working well, what's not working?)
Desired <b>outcome</b> 2	Current <b>provision</b> to support this outcome	<b>Impact</b> (What's working well, what's not working?)
Desired <b>outcome</b> 3	Current <b>provision</b> to support this outcome	<b>Impact</b> (What's working well, what's not working?)

Referrer details			
Name:		Position:	
Educational Setting/ Hospital:			
Telephone No:		E-mail:	

Details of child or young person			
First Name(s):		Surname:	
Date of Birth:		Age:	
Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>	Year Group:	Are there any other adults that have parental responsibility? If yes please give details and contact information:	
Parent/Carer Name:		Telephone No:	
		Mobile No:	
Address: (if different)			
Email:			

Background Information (tick all that apply)		
EHC Plan <input type="checkbox"/>	Autism Diagnosis <input type="checkbox"/>	DLD Diagnosis <input type="checkbox"/>
SEN Support <input type="checkbox"/>	On Autism assessment pathway <input type="checkbox"/>	SALT engagement to date <input type="checkbox"/>
Child Protection Register <input type="checkbox"/>	Looked After Child <input type="checkbox"/>	Child in Need <input type="checkbox"/>

Current Levels			
Primary levels:			
Reading	Writing	Phonics (if applicable)	Maths
Secondary predicted grades:			
Maths		English	
Current Attendance Rate:	Part-Time Timetable? Yes/No	Details of any Suspensions/Exclusions within the last 2 terms:	

Child or young person's views	
Please outline here or attach any relevant documents	
Parent/ Carer views	
Please outline here or attach any relevant documents	

**Tick to confirm that you have included the following completed documents - please note that requests cannot be progressed without this information**

<b>Documentation</b>	<b>Included</b>
Current school based plan	
Evidence of clear identification of need supported by your graduated response of need or similar screening tool (e.g. Boxall profile, language screeners, SLCN/SEMH toolkit)	
Cognition and Learning (SpLD - Dyslexia) pupils must meet the Service's 'Eligibility Criteria' downloadable from: <a href="https://www.qe.devon.sch.uk/school-information/partnerships/devon-dyslexia-service/">https://www.qe.devon.sch.uk/school-information/partnerships/devon-dyslexia-service/</a> Evidence must be attached to the referral.	
Parental Consent	

Signed..... (Referrer)

Print Name..... Date .....

**Please return this completed form to:**

**[send@devon.gov.uk](mailto:send@devon.gov.uk)**

**\*If you know which area of need you are requesting support in please include this in the subject line of the email to support efficient processing *i.e. Request for Access for SEND Support: SLCN***

**PRIVACY NOTICE:**

The information provided on this form will be used for purposes relating to the referral to the Special Educational Needs, Disability and Inclusion Advisory Service and may be shared with relevant services and organisations. It will not be processed or shared for any unrelated purpose. Where you are completing personal information for another individual, please provide that person with access to our privacy notice. For further information please see our full privacy notice at

**<https://www.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-learner-services/>**

# Parental / Carer Consent

Child/Young Person..... Date of Birth.....

Educational Setting Attended.....

I am happy for a member of staff from The SEND & Inclusion Specialist Advisory Teams to work with my child	Yes / No
I am happy for any reports from The SEND & Inclusion Specialist Advisory Teams to be shared with other professionals	Yes / No
<b>When we visit your child in school / setting it may be helpful to take some photos of them for the purpose of writing reports. We may then use them in our feedback to clearly show you and those supporting your child / young person what we did on our visit.</b> I give permission for my child's photo to be taken and used in reports	Yes / No
<b>When your child attends an event organised by the SEND &amp; Inclusion Specialist Advisory Teams, they may be included in photos and/or videos of the event, which will then be on our website.</b> I give permission for my child to be included in photos and/or videos at these events	Yes / No

In order for us to provide the best possible service, we may need to undertake assessments and contact other professionals working with you and your family to share relevant information. We may also need to contact other services/agencies and/or teams to inform and support our engagement with your child.

If you do not want us to contact or share information with a particular agency/professional, please advise the person referring your child.

Any information we are given will be kept confidential and will only be shared with other people when necessary. You will be kept informed of any progress and invited to take part in discussions.

The only exception to this is if there are concerns about a child's safety, when we have a duty under the Children Act (2004) to pass on our concerns to the appropriate authority. For additional information on our use of personal data, please see our full privacy notice at <https://www.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-learner-services/>

Signed..... Parent / Carer

Print Name..... Date.....

We would like to send you information on relevant events, products or services which may interest you. If you are happy to receive this information, please provide your email address below:

Email: .....