**REQUEST FOR INVOLVEMENT FROM   
SPECIAL EDUCATION NEEDS & INCLUSION SERVICES (0-25)**

**GUIDANCE NOTES**

The purpose of this form is for practitioners to request involvement of:

* the Early Years Specialist SEN and Portage service,
* the Advisory Teaching services for Autism and ADHD,
* the Specialist Teaching Service for Sensory (Hearing, Vision Impairment and/or MSI) and Physical Disability.

This does not include the Statutory Assessment and Monitoring Service, the Educational Psychology Service and the SEND Partnership Service. To request involvement from the SAMS, EPS and SEND Partnership Service, please see the [local offer](http://www.peterborough.gov.uk/localoffer) for further information.

**Submission of the request**

Send your Request for involvements to [inclusion-referrals@Peterborough.gov.uk](mailto:inclusion-referrals@Peterborough.gov.uk) following which you will receive an automated response to confirm receipt.

If you have difficulties submitting the form or the matter is urgent, please contact the Business Support team ([SenandInclusion@Peterborough.gov.uk](mailto:SenandInclusion@Peterborough.gov.uk) 01733 863702).

**This form must be signed by** the parent/carer/young person and by a Head Teacher, lead practitioner, senior manager (or equivalent) for your setting / service. This is to ensure that senior leaders (ie, Head teachers or equivalent) are aware of the request. **Failure to provide the relevant signatures will result in the form being returned to you.**

The request will be reviewed and discussed by members of the SEN and Inclusion Services Management Team at fortnightly meetings and outcomes will be communicated to the requester within 3 working days.

**Outcomes from RFI meetings can be:**

* Allocation to Specialist Teaching Services/ Early Years, Portage team (this may result in a visit or a telephone consultation)
* Signpost to other relevant services, such as SEND Hubs
* Request for further information if insufficient detail is included in your request and the nature of support required is unclear
* Other advice given

**Impact of Intervention:**

There is an expectation that you will complete a feedback form to measure the impact of the involvement.

SENI Services will provide the form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate with an X which service(s) requested:** | | | |
| **ADHD** |  | **Hearing impairment** |  |
| **Autism** |  | **Multi-sensory impairment** |  |
| **Early Years Specialist SEN and Portage** |  | **Physical Disabilities** |  |
|  |  | **Vision impairment** |  |

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Please complete this form with as much information as possible in order to ensure we can allocate your request to the appropriate service. **If there is existing information in another format, such as education setting assessment reports, etc - please attach these. You do not have to duplicate information if it can be attached with this form.** If there is insufficient information provided, we may have to return the request and ask for further information.

**\*MANDATORY FIELDS (MUST BE COMPLETED)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s / Young person’s name\*:** | |  | |
| **Date of birth\*:** |  | **Education year group:** |  |
| **Gender:** | F M | **Ethnic background:** | **Prefer not to say** |
| **Looked after Child:** | YES NO | **If yes, name of  social worker:** |  |
| **Child/ Young Person’s Preferred mode of communication:** | |  | |
| **Language spoken at home:** | |  | |
| **Child/ Young person’s address:** | |  | |
| **Parents address if different:** | |  | |
| **Telephone number of person(s) / adult with parental responsibility:** | |  | |
| **Contact details of Young Person:** | |  | |
| **Email address:** | |  | |
| **Parent / Carer’s preferred mode of communication:** | |  | |
| **Parents / Carers/ Young Person’s consent:**   * *I give my permission for this information, included in this referral, to be shared with Special Educational Needs and Inclusion (SENI) Services.* * *I agree for the professionals involved in this referral to seek and share information with relevant agencies (including medical information) to ensure the right support is implemented by the right services in the right manner.* * *The information contained within this referral will be used in accordance with the Data Protection Act 1998 and other relevant legislation. Peterborough City Council’s commitment and responsibilities can be found at:* [*http://www.peterborough.gov.uk/council\_and\_democracy/data\_protection\_act\_1998.aspx*](http://www.peterborough.gov.uk/council_and_democracy/data_protection_act_1998.aspx) | | | |
| **\*Child/Young Person’s signature to give consent:**  ***(The young person’s signature is a requirement for over 16 year olds).*** | |  | |
| **\*Parent/ Carer’s signature to give consent :** | |  | |
| **\*Parent(s) / Carer(s) full name (printed):** | |  | |

|  |  |
| --- | --- |
| **\*Name and Role of person making the request:** |  |
| **\*Phone number and email address of the person making the request:** |  |
| **\*Early Years or Education setting:** |  |
| **\*Signature of Service Manager,  Lead practitioner, Head teacher:** |  |
| **Date of request:** |  |

|  |
| --- |
| **\*Nature of Special Educational Needs and / or Disabilities, including any diagnosis if known.** |
|  |
| **\*Please explain why this request is being made and the nature of the support you are seeking, including details of any setting/service based interventions.**  **Additional information can be included when submitting the form:** |
| **Reason for request (information about what has already been done):**  **Nature of support sought:** |

**Please note which services have been involved with this child / young person:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Involved** | **Information attached** | **Dates of involvement** | **Name of service contact** |
| *Please tick* | |
| Audiology |  |  |  |  |
| Autism / ADHD Advisory Teaching Service |  |  |  |  |
| Child and Adolescent Mental Health Service (CAMHS) |  |  |  |  |
| Child Development Centre |  |  |  |  |
| Community Paediatrician |  |  |  |  |
| Early Help Assessment |  |  |  |  |
| Early Support |  |  |  |  |
| Educational Psychology |  |  |  |  |
| Health assessments |  |  |  |  |
| Health visiting team |  |  |  |  |
| Occupational therapy |  |  |  |  |
| Ophthalmology |  |  |  |  |
| Portage Service |  |  |  |  |
| Physiotherapist |  |  |  |  |
| School Nursing |  |  |  |  |
| SEND Partnership Service |  |  |  |  |
| Social Care services |  |  |  |  |
| Specialist hospital |  |  |  |  |
| Specialist Paediatrician |  |  |  |  |
| Specialist Teaching Services |  |  |  |  |
| Speech and Language Therapy Service (SALT) |  |  |  |  |
| Statutory Assessment and Monitoring Service |  |  |  |  |
| Other |  |  |  |  |