

**Specialist Inclusion Team**

Request for Advice / Involvement

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| School/Setting: |  | Class Teacher: |  |
| Referrer: |  | Date: |  |
| Pupil: |  | DoB: |  | NCY: |  |
| Parent / Carer name(s) |  |
| Home Address 1: |  |
| Home Address 2: |  |
| Agreed by Service representative: |  | Date received: |  |
|  |
|  |
| LAC | 🞎 | FSM/Pupil Premium | 🞎 | Forces child | 🞎 | Home language: |  |
| Attendance %(Last term) |  | Other agencies involved: |  |
| Diagnosis (if applicable): |  |
| Medical information: |  |
| Additional information: |  |
| Hearing 🞎 and sight 🞎 have been checked recently (**please ✓ as appropriate**).  |
| **Current levels of attainment (complete appropriate section):**

|  |
| --- |
| **Early Years Foundation Stage** |
| **Prime Areas** | **Best Fit Age Band Emerging/Expected** | **Additional Data****(Optional)** |
| Communication & Language |  |  |
| Physical Development  |  |  |
| Personal Social & Emotional Development  |  |  |
| **Specific Areas** |
| Literacy |  |  |
| Mathematics |  |  |
| Understanding the world |  |  |
| Expressive arts and design |  |  |

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| **KS1 and above**  |  **R: W: M:** |
|  |
| Most significant area of need**:** Cognition & Learning 🞎 Communication & Interaction 🞎  |

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| **These views may be captured within a written report.** |
| **Pupil’s views:**What are you good at?What do you want help with? |
| **School’s views:** What is your greatest need in teaching this pupil?What would the pupil say was their greatest need?Pupil interests:Pupil strengths: |
| **Parent views:**Your child’s strengths:Areas in which your child is most interested:What is **your** biggest concern regarding your child? |
| I agree to this referral to the Specialist Inclusion Team.I agree to any reports or information produced by the Specialist Inclusion Team regarding my child’s learning to be shared with relevant services to further support their development where appropriate.I agree\* to my child’s data being collected, stored and processed for this purpose. Please see also further information below.**Parent / Carer’s Signature**: Date:**Parent / Carer’s email** (please print clearly)As a service we sometimes seek feedback from parents / carers with an aim to measure our practice. Please tick this box if you are willing to be contacted for feedback. As a local authority service provider we comply fully with RMBC data protection policy and procedures as required by the General Protection Regulations 2018.Please see RMBC Privacy Notice: <https://www.rotherham.gov.uk/contact-council/privacy-notice-right-informed/9>and the Children and Young People’s Services Privacy Notice:[https://www.rotherham.gov.uk/freedom-information-data-protection/privacy-notice-children’s-young-people’s-services/1](https://www.rotherham.gov.uk/freedom-information-data-protection/privacy-notice-children%E2%80%99s-young-people%E2%80%99s-services/1)\*If you wish to withdraw consent, please telephone 01709 334087 or in writing to the address above. |

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| **Pupil:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DoB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reason for referral:** …………………………………………………………………………………………...……………………………………………………………………………………………………………………..**Main presenting area of need: (please ✓)** Gross motor skills Fine motor skills Language Concentration Reading Writing Mathematics Other ………………………………..  |
| **Highlight main area(s) of concern** | **Comments** | **Intervention and impact** |
| **Gross Motor Skills** |  |  |
| * coordination when throwing, catching, running, jumping, hopping, balancing
 |  |  |
| * coordination when moving around room, in corridor, on stairs
 |
| **Fine Motor Skills & Hand-Eye Coordination** |  |  |
| * manipulation when using bricks, jigsaws, construction, threading beads
 |  |  |
| * drawing shapes, pictures, colouring
 |
| * judging distances when joining lines, dots, spacing objects
 |
| * pencil control, grip & pressure
 |
| * letter recognition, formation, sizing, using line guide
 |
| **Language** |  |  |
| * vocabulary, recognising / naming everyday objects, actions, positions
 |  |  |
| * sequencing pictures, events or sets
 |
| * oral or written sentence structure, use of tenses, plurals
 |
| * comprehension when listening or reading, following instructions
 |
| * speech clarity, articulation
 |
| **Reading** |  |  |
| * phonological awareness, rhymes, phonemes, blending syllables/phonemes
 |  |  |
| * letter recognition, phonic word building skills
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| * high frequency words, NLS vocabulary
 |
| * reading strategies used
 |
| * complains of headaches, words moving or blurring, eye strain, feeling sick
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| **Highlight main area(s) of concern** | **Comments** | **Intervention and impact** |
| **Writing** |  |  |
| * handwriting, presentation
 |  |  |
| * amount, speed, willing or reluctant to write
 |
| * patterns of spelling errors
 |
| * content, vocabulary, sentence structure
 |
| * types of support used
 |
| **Mathematics** |  |  |
| * mathematical vocabulary
 |  |  |
| * counting
 |
| * recognition / formation of numbers
 |
| * addition / subtraction
 |
| * place value
 |
| * multiplication / division
 |
| * other specific concept difficulty observed by class teacher
 |
| **Concentration and Behaviour** |  |  |
| * amount of time spent on varied tasks
 |  |  |
| * on-task behaviour, interaction with others
 |
| * short-term / long-term memory
 |
| * amount of time spent on varied tasks
 |
| **Sensory** |  |  |
| * vision
 |  |  |
| * hearing
 |  |  |
| * other
 |  |  |
| **Additional Information**  |  |  |
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