

**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: | | |  | |
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| 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 |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **KS1 and above** | | | | | | | | **R: W: M:** | | | | | | | | | | | | | | | | | | |
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| 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>  \*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 |
| * 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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