

**Inclusion Support Services**

**Specialist Inclusion Team**

Kimberworth Place

Kimberworth Road

Rotherham S61 1HE

Tel: 01709 334087

E-mail: kelly.parkin@rotherham.gov.uk

**Rotherham Enhanced Action for Dyslexia**

 **Referral for READ support Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  |  SENDCo: |   |
| Contact number and e-mail:  |  |
| Child: |  | DoB: |  | NCY: |  |
| Parent / Carer name(s): |  |
| Contact number(s): |  |
| Home Address: |  |
|  |
| 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).  |
|  |
| I agree to this referral for support from READ 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 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. |

**Please indicate the number of hours per week (for 12 weeks) you wish to receive:**

**Information in Support of Application**

Please record any form of assessment information in the grid below, that would be useful to indicate previous and current attainment and progress (e.g. Benchmark levels, standardised scores, age equivalent scores and levels.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **READING** | **WRITING / SPaG** | **MATHS** | **Other relevant assessments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please provide bullet points under the following headings which will expand:

|  |
| --- |
| **Child’s views** |
| **My interests and strengths:****What I find difficult and would like to improve at:** |
| **Parent/Carer’s views** |
| **Your child’s strengths:****Your biggest concern about your child at school:** |
| **School’s views**  |
| **Summary of support and interventions:****Advice received (include the date and service):****Effectiveness of support to date on the child’s skill level, access to learning and self-esteem:** |

**Please attach the following supporting documentation for this referral to be accepted:**

|  |  |
| --- | --- |
| **Evidence** | **Attached** |
| **Plan / timetable** - to show current support including times and ratios  |  |
| **SEN Support Plans, IEPs or LSPs** - reflecting wave 3 interventions with **review notes**  |  |
| **Piece of independent writing** - annotated to give context |  |
| **Scribed piece of work** - scribed by an adult that has been verbally dictated by the child |  |
| **Copies of SI Team reports and or any other specialist service** (where applicable) |  |

All applications and supporting documents should be sent to Kelly Parkin (Specialist Inclusion Team)

via e-mail or post (see top of form). **A written parent/carer signature must be included.**