



## CONFIDENTIAL

<b>Pupil's Name</b>	<b>School</b>
<b>D.O.B.</b>	
<b>Year Group</b>	
<b>Family/ Medical history (if relevant). Has pupil's vision and hearing been tested?</b>	
<b>Have any external agencies been involved/ are any external agencies currently involved with the pupil and are there any reports available from Ed. Psych, Specialist Teacher or other?</b>	
<b>Key needs to be addressed</b>	
<b>Pupil's strengths</b>	



Current interventions	Frequency	Duration of intervention	Group/ 1-1?	Outcome
Previous interventions	Frequency	Duration of intervention	Group/ 1-1?	Outcome
Current level of attainment				
Reading				
Writing				
Numeracy				
What are the expected outcomes from DOS involvement?				

Written parental consent is required for DOS involvement. Please see attached.

**Fee agreement:** I acknowledge that this work is commissioned and an agreed fee will be paid to DOS for the work undertaken. (Please tick)

Referral made by \_\_\_\_\_ Role \_\_\_\_\_ Date \_\_\_\_\_

***Please attach a sample of the pupil's work where possible.***



## Parent/Carer Consent for Dyslexia Outreach Service Involvement

Name of pupil: \_\_\_\_\_

School: \_\_\_\_\_

Your child's school has requested involvement from the Dyslexia Outreach Service. This work may include some of, but not necessarily all of, the following:

- Discussion with people who already know the child/young person
- Access to relevant personal data held by school on that child/young person
- Classroom observation
- Individual session with child/young person
- Investigative testing

In accordance with data protection requirements, all written information pertaining to this work will be kept securely by the Dyslexia Outreach Service until the young person's 25<sup>th</sup> birthday. A report or action plan resulting from DOS support will be shared with parents/carers of the child/young person and to the school who commissioned it. It will not be made available to any other party without appropriate permission and will not be used for any other purpose.

- I give consent to the above named child/young person being supported by the Dyslexia Outreach Service. Please tick box for 'yes'.
- I give consent to the report or action plan relevant to the above named child/young person being shared with his/her school. Please tick box for 'yes'.

Signature of parent/carers: \_\_\_\_\_ Date: \_\_\_\_\_

***If you change your mind at any time about DOS involvement, you can let us know by contacting the child's/young person's school or DOS via the contact details below.***