**CONFIDENTIAL REQUEST FOR SERVICE SUPPORT**

|  |  |
| --- | --- |
| **Pupil’s Name** | **UPN** (required) |
| **D.O.B.** | **Year Group** |
| **School** | **School Contact Name & Email** |
| **Current SEN status****Please tick** | **No SEN**  |  |
| **SEN Support** |  |
| **EHCP**  |  |
| **Unknown** |  |
| **Have any external agencies been involved/currently involved with the pupil?** **Are there reports available from Ed. Psych, Specialist Teacher, SALT, OT or other?** |  |
| **Family/ Medical history (if relevant). Has pupil’s vision and hearing been tested?** |  |
| **Key needs to be addressed**  |  |
| **Pupil’s strengths** |   |
| **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/small group session with child/young person
* Investigative testing

All written information pertaining to this work will be kept securely and stored electronically by the Dyslexia Outreach Service until the young person’s 25th 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.

Data, including your child’s unique pupil number, is collected and shared with DOS commissioners, Norfolk County Council, to enable analysis of:

* how the service is being used by educational settings,
* the range of services commissioned to support an individual pupil’s needs and
* the impact of the service on individual pupils’ special educational needs.

NCC processes, retains and destroys information securely in accordance with GDPR principles.

* 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 details of the support given to the child/young person being shared with his/her school and NCC. Please tick box for ‘yes’. 🞏

**Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.***

**COVID-19** The Specialist Teacher will comply fully with any guidelines from the school’s risk assessment pertaining to COVID-19. The Dyslexia Outreach Service will also provide the school with a copy of its own risk assessment which can be shared with parents/ carers on request.