

SEND5 Dyslexia Consultancy

[**www.send5.co.uk**](http://www.send5.co.uk)

**Important Notice:** To ensure complete privacy of data, before emailing to info@send5.co.uk, you will need to encrypt the completed document with a password and forward the password in a separate email. Alternatively, if you prefer to send by post, please request the postal address from your SEND5 consultant.

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| **Request for Involvement Form** |

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| **Name of SEND5 Consultant if known:**  |

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| **Child/Young Person** |
| **Forename:**  |  | **Address:** |
| **Surname:** |  |
| **D.O.B:** |  | **Postcode:** |  |
| **Gender:** Male ☐ Female ☐ | **Home Language(s):** |
| **National Curriculum Year:** | **Parent/Carer/Legal Guardian:** |
| **Legal Status - Looked After Child:** Yes ☐ No ☐ |
| **Diagnosed medical / health issues:** |
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| **Attainment:**  |
| **KS1:** Maths: Writing: Reading: |
| **KS2 SATs:** Maths: SPaG: Writing: Reading:  |
| **CATS / YELLIS:** Verbal: Quantitative: Non-Verbal: |
| **Current working level:** Maths: English: Science: |
| **Attendance / Punctuality:** |
| **Exclusions:** |
| *Please attach most recent tracking information* |

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| **School or Setting** |
| **School/Setting Name: Date of Admission:** |
| **Name of SENDCO: Email:** |
| **Telephone:** |

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| **Nature of concern** *(Describe the concern you have about the young person. You could consider: learning, behavioural, emotional, social relationships, attendance, family/home issues, basic care and wellbeing, speech and language* |

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| **Please indicate any specific concerns:**Vision: ☐ Hearing: ☐ Motor co-ordination: ☐ Attention/concentration: ☐ Memory: ☐ Behaviour: ☐ |
| **Are there any other agencies involved? e.g., CAMHS, S&LT, EP other (please specify)** |

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| **Summary of current/previous interventions/strategies implemented by the school.** *Please list with dates.* |

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| **Consent** |
| ***I give my consent for my child to be assessed by the SEND5 Consultancy and their data to be held in compliance with the GDPR (see privacy notice on www.send5.co.uk).***  |
| **Parent/carer signature: Print name:** |
| **Relationship to child:** |
| **Contact phone number:** |
| **Requested by: Contact number:** |
| **Role: Date:** |

**Please complete all sections and either:**

1. remember to password protect, before emailing to your consultant or info@send5.co.uk. Please ensure the password to the document is sent separately.

 OR

1. give a signed hard copy to your SEND5 consultant.

OR

1. request the postal address from you SEND5 consultant.