

Appendix 1  
INCLUSIVE SCHOOL FORUM  
Form A – Advice / Guidance Request Form

**Request for Advice / Guidance only**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil, Parent/Carer and School details** | | | | | | | |
| **School:**  **Name and Address** |  | | **Email:**  **Tel:** |  | | | |
| **Name of child / young person:** |  | | **UPN:** |  | | | |
| **Date of birth:** |  | | **Year group:** |  | | **Gender:** | **M / F** |
| **Parent/Carer Names** | *(Parent 1)* | | | *(Parent 2)* | | | |
| **Parent/Carer contact details** | **Address:** |  | | | | | |
| **Email:** |  | | | | | |
| **Tel:** |  | | | | | |
| **Date of request:** |  | | | | | | |
| **School admission date:** |  | | **Attendance %  (last 12 months):** | | |  | |
| **When was the child first identified as having SEND?** |  | | | | | | |
| **Ethnicity** |  | | | | | | |
| **EAL** |  | | | | | | |
| **Is child LAC?** |  | | **Name of funding authority** | |  | | |
| **Is the child known to  Early Help?** | **Yes**   **No** | | **If yes, please provide a brief description or attach copy of TAC** | | | | |
|  | | | | |
| **Brief description of the special educational needs** |  | | | | | | |
| **Application Details** | | | | | | | |
| **Brief summary of why the request is being made** |  | | | | | | |
| **Are you requesting Outreach support?** | **Yes**   **No** | | | | | | |
| **Why do you feel Outreach is needed and what do you hope will be the impact?** |  | | | | | | |
| **Parent Views** | | | | | | | |
| **Has the school informed you about why they are requesting support from the Inclusive School Forum?** | **Yes**   **No** | | | | | | |
| **What do you think will help your child?** |  | | | | | | |
| **Setting declaration** | | | | | | | |
| • The contents of this referral have been shared with parents/carers   • All parts of this form have been completed in full  This form has been completed by:  **Name: Job Title:**  **Signed**  **(Head Teacher / Owner / Manager / Principal): Date:**  **Signed**  **(SENCo): Date:** | | | | | | | |
| **Parental/carer consent** | | | | | | | |
| Please tick:  I confirm that my child’s educational setting has discussed this request with me and I have been fully informed in the decision to refer my child to the Inclusive School Forum.  **Signed: Date: (Parent/Carer)**  **Signed: Date: (Parent/Carer)** | | | | | | | |

Please return this form electronically to [inclusiveschoolforum@telford.gov.uk](mailto:inclusiveschoolforum@telford.gov.uk)