

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: | | | |
| Name and Address | | | 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: | | | Attendand (last 12 m | | | |
| When was the child first identified as having SEND? | | | | · | | |
| Ethnicity | | | | | | |
| EAL | | | | | | |
| Is child LAC? | | | Name of fauthority | unding | | |
| Is the child known to Early Help? | Yes □ | | | ease provide a py of TAC | a brief descri | iption or |
| | No □ | | | | | |
| 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 b Name: | y: Job Titl | e : | | | |
| Signed (Head Teacher / Owner / Mana | ger / 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: (Parent/Carer) | | Date: | | | |
| Signed: (Parent/Carer) | | Date: | | | |

Please return this form electronically to inclusiveschoolforum@telford.gov.uk



