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| Support Request Form  Please complete this form and return to:  Laura Carroll  @theland  Laura.jayne8888@googlemail.com |

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| --- | --- |
| Date: |  |
| Name of student: |  |
| Person making request: |  |
| Name & address of current school/educational provider; e-mail and telephone number for above person: |  |
| Primary focus of request: |  |
| Parent/carer’s consent obtained |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual’s Name | D.O.B | Yr Group | M/F | UPN |
|  |  |  |  |  |
| Baseline Data: (attach copies of information, or fill in box, whichever is easier) | | | | |
| Age related/Year group levels – Reading, Writing and Maths |  | | | |
| Any additional physical or medical needs |  | | | |
| People/Services who have been involved |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level of SEN intervention | None |  | Top up funding |  |
| SEND register |  | EHCP |  |
| Brief description of needs |  | | | |
| Teaching and Learning Strategies implemented |  | | | |
| Risk Assessment (If applicable)  including challenging behaviour and triggers. |  | | | |

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| Emergency contact details | Name |  |
| Phone number |  |
| Email |  |
| 2nd Emergency contact details | Name |  |
| Phone number |  |
| Email |  |