

Pupil Support Request for Involvement

Support requested from (please tick):

- | | |
|--|---|
| <input type="checkbox"/> Educational Psychology Service. | <input type="checkbox"/> SEAL (Social and Emotional Aspects of Learning). |
| <input type="checkbox"/> Hearing Support. | <input type="checkbox"/> Language and Communication Service. |
| <input type="checkbox"/> Vision Support. | <input type="checkbox"/> Outreach Tutoring Service. |
| <input type="checkbox"/> Autism Support. | <input type="checkbox"/> Unsure.* |

* The form will be reviewed and passed to the appropriate service.

Child / Young Person's Details

Full Name:		DOB/CHI:	
Address and postcode:			
School:		Named Person:	
GP Name:		GP Practice:	

Parental Responsibility Details

Name and Relationship to Child.	Address (if different from above).	Telephone.

Details of Request

Has an initial consultation meeting taken place prior to this request for involvement?

- Yes. No.

Other agency involvement (please tick if applicable):

- | | | |
|--|--|---|
| <input type="checkbox"/> Speech and Language Therapy. | <input type="checkbox"/> Health Visitor. | <input type="checkbox"/> CAMHS. |
| <input type="checkbox"/> Occupational Therapy. | <input type="checkbox"/> Paediatrician. | <input type="checkbox"/> Social Work. |
| <input type="checkbox"/> Physiotherapy. | <input type="checkbox"/> Sleep Scotland. | <input type="checkbox"/> Police Scotland. |
| <input type="checkbox"/> Other (please specify): _____ | | |

Brief Background:

What strategies/changes to provision have already been tried?

Reason for request:
Expected outcome:
Success criteria:
Exit strategy:

Consent (Parent/Carer or Young Person)

I agree to the request and the information contained within it. I agree to the sharing of information with other members of the multi-disciplinary team supporting me / my child.

Print Name.	Signature.	Date.

Contact Details of Person Making the Request

This section does not need to be completed if the parent/carers/young person is making a self-referral.

Name:			
Role:			
Address:			
Email:			
Telephone:			
Signature:		Date:	

A copy of this form has been sent to the child's Named Person (please tick to confirm).

<p>Please send completed forms to: Natalie Halleran, Clerical Assistant (Pupil Support). Education, Leisure and Housing, Orkney Islands Council, Kirkwall, KW15 1NY. Email: pupil.support@orkney.gov.uk</p>	
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