Learning Support Team

Short Learning Assessment

School Questionnaire

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| Pupil Surname: |
| Pupil Forename: |
| Date of Birth: |
| Name of person completing this form: |
| Relationship to the pupil: |
| Has the pupil’s schooling been disrupted in any way?      ​☐​  Yes    ​☐​ No  If yes, please provide more information: |

|  |  |  |
| --- | --- | --- |
| Attainment in Learning  Key Stage 1 or 2: Reading Writing Maths  Key Stage 3 or 4  (level/grade currently English Maths  working at):  Please provide any summative or formative assessment data that may be beneficial, e.g., reading age, spelling age, the number of high-frequency words the pupil can spell, etc. | | |
| **What current support strategies or interventions are being implemented?** | | |
| Intervention  e.g. reading support, spellings, motor intervention | Classroom (Quality First Teaching)  e.g. writing slope, pencil grips, ICT, coloured overlays, word banks | |
| **What difficulties is the pupil experiencing?** | | |
| Reading | | |
| Spelling | | |
| Writing | | |
| Motor Coordination | | |
| Language and/or Comprehension | | |
| Mathematics | | |
| Memory and/or Processing | | |
| Other | | |
| **Assessment menu (please select five areas you would like assessed)** | | |
| □ Reading □ Spelling □ Motor Coordination □ Phonological Awareness  □ Language and comprehension □ Visual Perception □ Processing □ Memory □ Writing | | |
| Please attach copies of the following reports *(where relevant)*   |  |  | | --- | --- | | Pupil Information | *Tick if attached* | | Pupil’s current IEP / Provision Map |  | | Any other reports which may be relevant to support the referral |  | | | |
| **Referral checklist** (minimum requirements)- prior to sending to Chadsgrove School Support Services, have you included:  Referral form  Parent/carer form  Please ensure that each of the above elements are sent as separate files and are in page order  \*\*\*Referrals **will be** **rejected** if any of the above items are missing or incomplete\*\*\* | | |
| *In* ***all*** *cases, parental consent must be obtained* ***prior*** *to* ‘SEND Services for *your* School’ *involvement. It is the commissioning school’s responsibility to obtain this. Please ensure that this has been done before returning this form. Please see our GDPR privacy statement regarding data protection. Photographs may be used as part of the assessment and these will be stored securely in line with GDPR regulations. Reports will be shared, as required, with other appropriate specialists within the SSFYS support portfolio (e.g. SaLT).* | | |
| **By signing below, you are confirming that parents/carers have consented to ‘SEND Services for *your* School**’ **involvement** | | |
| Signature of person commissioning support: | | Position: |
| Name (in capitals): | | Date: |
| ***Please return completed referral forms via:***  **Worcestershire County Council Children’s Services Portal** – select named individual – TERESA HAMILTON  ***OR***  ***EGRESS –*** *schoolsupportservices@chadsgrove.worcs.sch.uk* | | |
| **SEND Services for *your* School**  Chadsgrove School  Meadow Road  Catshill, Bromsgrove  Worcestershire, B61 0JL  **Tel:** 01527 877262  **Email:** [schoolsupportservices@chadsgrove.worcs.sch.uk](mailto:schoolsupportservices@chadsgrove.worcs.sch.uk)  A black x symbol with white lines  Description automatically generated**Website:** [https://www.chadsgroveschool.org.uk](https://www.chadsgroveschool.org.uk/web/school_support_services)    @chadsupportteam | | |