Request for Involvement – Assessment

Name of School: Date:

Contact Person: Telephone Number:

Email address:

**Child’s Name: Year Group:**

Please indicate the type(s) of assessment you are requesting:

 Cognitive Ability/Learning Social and Communication

 Behavioural and Emotional Sensory

Please outline your concerns, support currently in place for the child, including interventions, classroom strategies and involvement of other services.

Please *encrypt and send through secure e mail* to: senservicessw@gmail.com

Many thanks for your request. We will contact you within 3 working days of receiving your request to make

8 Palm Court, David Penhaligon Way, Truro, Cornwall, TR1 2XT

 arrangements.

Please note, we cannot assess a pupil unless we have written permission , using the form below, from an adult

who has parental responsibility for them.

Parental Permission Form

Name of Child:

Date of Birth:

Current School Year:

SEN status:

Medical Needs:

Previous Professional Involvement:

Current areas of concern/Reason for request:

Desired Outcomes of Assessment:

Parental Permission:

I have discussed this referral with the school and give permission for SEN Services Southwest to assess my

 child for the reasons outlined above.

Parent’s/Carer’s name

Contact telephone number

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

SEN Services Southwest, 41 Yew Tree Court, Truro, Cornwall, TR1 1AF