



REFERRAL TO LEARNING SUPPORT TEACHER

For completion by **PARENT OR CAREGIVER**

Privacy Notice: This information is being obtained to assist the Learning Support Teacher in providing support for your child. It may, as appropriate, be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the Learning Support Teacher.

Student's Name:

Date of Birth: ____/____/____

Date of Referral: ____/____/____

Please speak with the Head of School or Learning Support teacher if you require help to complete this form.

Reason for referral/what concerns do you have?

Developmental History (eg has your child ever been seriously ill or had an accident?)

Previous assessments: e.g. by Dr, Psychologist, Speech Therapist (please say who and attach copies of reports if possible)



Is there anything else you would like the Learning Support Teacher to know?

What do you hope will happen as a result of the Learning Support Teacher seeing your child?

I have read the Privacy Notice and give permission for the Learning Support Teacher to:

Carry out assessment as required: **YES / NO**

Contact the authors of the reports I have provided from the agencies listed: _____ **YES / NO**

Exchange information with these agencies: **YES / NO**

Parent/caregiver's signature: _____ **Date:** ___/___/___