



**Inclusion and Engagement Support Team**

**SEN Support Request Form 2025-2026**

***Please do not send a request without a signed Parental Consent form, as this is a data breach.***

|  |
| --- |
| ***It is essential that this form is completed in as much detail as possible,*** ***as this will enable more time in settings to work with CYP.***Please note failure to attach requested documents may delay your request. |
| **School Name:**  |  |
| **LA School Number:** |  |
| **School Address:** |  |
| **Pupil Name:****UPN:** |
| **School Attendance:** |
| **D.O.B:** | **Year Group:** |
| **Ethnicity:** | **Home Language:****Language spoken by YP:** |
| **CAF / EHA:** **CAF / EHA No:****CLA:**  | **TAF:** **Date of last TAF:** | **CIN/CP:**  |
| **Area of SEND**: |
| **Other Agency Involvement** *(please include details of any Specialist Teacher or other agency involved)*

|  |  |
| --- | --- |
| **Agency Name** | **Date of Involvement** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| **Have you consulted your link Community Senior Support Worker within the Child & Family Wellbeing Service?** *(please include link to CFW Snr)* |
| **Primary Schools : Have you accessed support from your Inclusion Hub? Yes/No** **If so, what support has been provided (please provide details):**  |
| **Parental Consent Sought***A signed parental consent form* ***must*** *be completed.* | **Yes/No:** |
| **Class Teacher:**  | **Support Assistant:** |
| **SENDCO:** | **Contact Tel No:****Email:** |
| **Summary of concerns** *What are the specific behaviours which have led to this request? (Please bullet point)* |
| **Current support in place** *(1-1, interventions, own workstation, safe space, sensory breaks, nurture- frequency and duration etc)* |
| **Proposed outcomes of support from this service***(What are you hoping to achieve with support from our service?)* |
| **What is working well?** | **What is not working?** |
| **In the classroom?** | **At structured/****unstructured time** | **In the classroom?** | **At structured/****unstructured time** |
| **Pupil Voice***(Strengths, skills, hobbies, interests and aspirations)* |
| **Health and Medical Needs** |
| **Current Academic Levels****Reading:****Writing:****Maths:** |
| **Any risk or implications for Safety Management** |
| **Suspensions:** **Number:****Dates:** |
| **Please attach any relevant documentation**(Support plan, specialist reports, pastoral/behaviour plan **Please email completed request to:***iest.sensupport@lancashire.gov.uk* |
| **Completed by**:  | **Signature:** |
| **Designation**:  | **Date:**  |
| **School Senior Leader**:   | **Signature:**  |
| **Designation**:  | **Date:**  |
| ***If your referral is successful, an Engagement and Commitment agreement.*** ***between School and the IES SEN Team will be formalised.*** |