



Anne Ratcliff
Physical Difficulties Support Service
Pupil referral and parental consent
Telephone: 01538 626020
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Website <http://pdssdirect.co.uk>

Please return via email or post to

Anne Ratcliff, PDSS, St. Edwards C of E Academy, Westwood Road, Leek, ST13 8DN

PARENTAL PERMISSION MUST BE OBTAINED PRIOR TO REFERRAL- PAGE 3

Data Protection Act 1998- The information requested on this form is required for the purpose of referring the named pupil to the service. The information provided by you may be discussed with other professionals working with this pupil for educational purposes. When PDSS involvement is completed records will be returned to the setting.

Details of child or young person (Please Print)		
Forename:	Surname:	
Date of Birth:	Gender M/F	Current school year:
Home Address:	Home telephone:	Mobile contact:
Adult with parental responsibility:	Relationship to child:	
Email:		
School/setting details		
Address of school/ setting including postcode:	Telephone number:	
	SENCo name:	
Headteacher:	SENCo email address:	

Further information		
Is the child designated looked after yes/no (Please delete)		
EHC/plan:		
Number of hours per week of learning assistant support currently in place?		
Are there any other additional resources or strategies already in place for this pupil?		
What is the child's current academic level/attainment?		
What specific difficulties are apparent in working with the child within the classroom setting?		
What is the frequency and timing of these difficulties?		
What particular difficulties are apparent in the whole school environment?		
Are other professional already involved? (please name)		
Educational Psychologist		Health professionals :
SALT		
HI/ VI		
Autism Outreach		Other individuals or agencies(Please specify)
LST		
SENSS		
What is your desired outcome for PDSS involvement/support?		

Signed.....(Headteacher)

Signed.....(SENCo)

Date of referral.....

PDSS referral

Permission from: Parent / Carer / Guardian / person with Parental Responsibility:

Surname: pupil	Forename: pupil	
Date of Birth: of pupil	Current Year group:	
Parent(s) Name:	Telephone:	
Address:		
Postcode:		
Current educational placement:		
Details of those with Parental Responsibility for Involvement		
Title(s) and Surname(s)	Address & Telephone Number (if different from above)	Relationship to the Pupil (eg Parent(s), Step-parent)
By signing this form I confirm that I have parental responsibility and consent to allow PDSS to work with the above child. I understand that:		
<ul style="list-style-type: none">◆ That PDSS may share the information gathered with other agencies and professionals.◆ Such information may be kept in a secure electronic file.◆ When appropriate staff have a legal duty to share information with other agencies.◆ When PDSS involvement is completed the records will be returned to the setting.		
Signed parent:	Date:	