



**PARENTAL SELF REFERRAL FOR INVOLVEMENT
WITHIN THE PUPIL'S SETTING**

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

Please tick here to confirm that the school/setting has been informed of the request for PDSS involvement

Please return the completed form to: Anne Ratcliff, PDSS, St. Edwards Academy, Westwood Road, Leek, ST13 8DN.

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:	Headteacher's name:	
	SENCo name:	

Further information		
Is the child designated looked after yes/no (Please delete)		
Education, Health and Care Plan (EHCP): YES/NO please delete Or in the process of applying for EHCP : YES/NO please delete		
Number of hours per week of support currently in place?		
Are there any other additional resources or strategies already in place for the pupil?		
What is the child's current academic level/attainment? If known.		
Are other professionals 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?		

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:

- ◆ 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 (Adult with Parental consent)

Date of referral.....