

# WALTHAM FOREST SEND INFORMATION, ADVICE & SUPPORT SERVICE

# Referral form

IASS are statutory services offering free information, advice and support to parents and carers of children and young people with special educational needs (SEN) from birth to age 25. Young people aged 16+ with SEN are very welcome to also contact the service.

This referral form can be completed by a:

* child/young person’s parent/carer (the person who has parental responsibility)
* young person aged between 16 and 25 years

**This form must be submitted alongside your completed consent form**

## Form Submission

Please complete **all** sections of this form and return to:

## By Post to:

## It is recommended that you use a tracked or ‘signed for’ service due to confidential information to:

Waltham Forest SEND Information, Advice and Support Service (IASS)

Waltham Forest Resource Centre

1 Russell Road

Leyton

E10 7ES

## By Email:

sendiasswalthamf@centre404.org.uk

## By hand delivered:

Please hand into the office reception at the postal address above.

If you need support to complete this referral and consent form, please contact us.

**Waltham Forest SEND Information, Advice and Support Service (IASS)**

Phone: 07494 280073

Email: sendiasswalthamf@centre404.org.uk

Website: https://www.walthamforestsendiass.org.uk

Alternatively, you can complete this form on-line via our website:

Waltham Forest SEND IASS will contact you within 7 working days of receiving your referral and consent form to discuss your situation further.

**Please note: You must complete all fields in order to process your referral**

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| Section 1: Servicer User: |
| Service User: This referral and consent form is being completed by (please tick one box):   * I am the child/young person’s parent/carer (the person who has parental responsibility) * I am a young person aged between 16 and 25 years |
| Have you contacted Waltham Forest SEND IASS before? (Please tick one box):  * Yes – with an existing issue * Yes – this is a new issue * Yes – is was regarding a different child/young person * No – this is the first time I have contacted Waltham Forest SEND IASS |
| Method of initial contact:Phone  Email  Website  Face to face  Call-back  Voicemail |
| Source of referral. How did you hear about Waltham Forest SEND IASS? |
| Do you give consent for SENDIASS/Centre404 to hold the information on this sheet?Yes  No |

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| Section 2: Parent/Carer’s (with parental responsibility) details: |
| Forename: Surname: |
| Home address:  Postcode: |
| Telephone number:: |
| Email |
| Date of birth: |
| Optional - Ethnicity: |
| Optional - Do you have a disability?  **Yes  No** If yes – what reasonable adjustments do you require in order to access our service? |

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| Section 3: Child/ Young Person’s details: |
| Child/Young Person’s Forename: Surname: |
| Home address – if different from above:  Postcode: |
| Telephone number (only complete if you are the young person service user) |
| Email (only complete if you are the young person service user): |
| Date of birth: |
| Optional - Gender: |
| Optional - Ethnicity: |
| Name of education setting (nursery/school/college/post 16/post 18): |
| Year of education (i.e. reception/year 1/year 2 etc): |
| Issue: |
| Level of Support (please tick):   * Special Educational Needs (SEN) Support * Education, Health and Care (EHC) Plan * Don’t know |
| **For children/young people with an EHC Plan only:**  What is the name of your allocated SEN Case Officer?  What was the date of your last Annual Review? |
| Please list any involvement with other services – for example: Early Help Team, Children and Family centres Service, SEN Team Child and Adolescent Mental Health Service (CAMHS |

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| Section 4: Presenting Issue: |
| Please tick any relevant issues   |  |  |  |  | | --- | --- | --- | --- | | Admissions  Complaints about Care  Complaints about Education  Complaints about Health  Early Statutory Review  Early years | Disability Discrimination  Dispute Resolution  Direct Payments  Exclusions  EHC Needs assessment. | EHC Plan – content  EHC Plan – Annual Review  EHC Plan – Appeals  EHC – Section I  Healthcare  Mediation  Meeting with school | Preparation for meetings  Safeguarding  Sch. Placement  SEN Support in school  Social Care  Statutory Review  Transport  Tribunal support | |

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| Section 5: Information, advice and support sought (Outcomes): |
| Please state the information, advice and support you are seeking from Waltham Forest SEND IASS |

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| Section 6: To be completed by IASS staff only: |
| What has been done so far? |
| IASS information, advice and support given: |
| Outcome:  Mediation  Tribunal process |
| Intervention level: 1  2  3  4 |
| Service User ID Number: |
| Referral made to other services? If yes, please state. |
| Form completed by/with: |
| Form received – date: |
| Form received by: Email:  Post:  Face to face: |