Special Educational Needs and Disability Information, Advice and Support

Service (SENDIASS) is a free, confidential and impartial service for children and

young people with SEND and their parents/carers. Waltham Forest SENDIASS

provides information, advice and advocacy support for children, young people,

and parents/carers that empowers them to express their views and wishes and

helps them to understand and exercise their rights.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client consent** | | | | | | | | | | |
| Has consent been given to make this referral? |  | | How was consent obtained? | | | | Phone | | Email | Person |
|  | |  |  |
| **Referrer** | | | | | | | | | | |
| Referrer’s name |  | | Date referral sent: | | | |  | | | |
| Referrer’s contact details | Tel |  | Email | |  | | | | | |
| Referrer’s organisation |  | | | | | | | | | |
| **Client’s details** | | | | | | | | | | |
| Name of child/YP |  | | | | | | | | | |
| Name of parent/carer: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| Contact details: | Tel |  | Email | |  | | | | | |
| First language: |  | | Interpreter needed:  (Yes/No) | | | | |  | | |
| C/YP Date of birth: |  | | C/YP ‘s SEND: | | | | |  | | |
| Name of education placement |  | | | | | | | | | |
| Type of placement | Mainstream school | | |  | Special school | | | | |  |
| Home educated | | |  | No current placement | | | | |  |
| **Client Issue: (please tick as appropriate)** | | | | | | | | | | |
| [ ]Admissions  [ ]Appeals  [ ]Admissions  [ ]Appeals  [ ]Complaints RE Care  [ ] Complaints RE Edu. | [ ]Complaints RE Health  [ ] Early Statutory Review  [ ] Disability Discrimination  [ ] Disagreement  [ ]Resolution  [ ] Direct Payments | | [ ] Exclusion  [ ] EHCP Review  [ ] Failure to complete Fixed Term Exclusion  [ ] Healthcare  [ ] Mediation  [ ] Meeting with school | | | | | [ ] Preparation for meetings  [ ] Safeguarding  [ ] Sch. Placement  [ ] SEND Support in school  [ ] Social Care  [ ] Statutory Review  [ ]Transport | | |
| **Further notes: Brief overview of the reason referral is being made** | | | | | | | | | | |
|  | | | | | | | | | | |
| **What support or advice is needed from SENDIASS?** | | | | | | | | | | |
|  | | | | | | | | | | |
| Other agencies supporting the family | | | | | |  | | | | |
| Does the parent/young person consent for these agencies to be contacted? | | | | | |  | | | | |

We aim to respond within 48 hours of receiving the referral