



Individual Services

Parent/Carers Consent Form for Referral & Involvement of Somerset Support Services

Somerset Support Services provide support to schools to address the special needs of children and young people. These services will always want to develop a close partnership with parents / carers.

- The following consent is required in order to request involvement of Somerset Support Services in discussions and direct work with your child.
- If you wish, you can discuss your child with a member of the support services before this consent form is completed.
- Consent will allow the school to share information with members of the support service and they in turn may share information with others in their team for advice and guidance.
- Information may also be shared with members of other professions within Individual Services, (Social Inclusion and Special Educational Needs teams), although they will not have a direct involvement with your child without your further consent.
- Sharing information will allow for professional support and access to research and ideas from colleagues that might otherwise be unavailable.
- Signing this form confirms your agreement to the school asking the education support services to work with your child through for example, observing him / her at school, talking to school staff, meeting your child and sometimes working with him/her. Their advice to the school your child and yourselves will help him/her make progress.
- This form is for parents but should be completed in partnership with school staff.

Name of Child /Young Person	
Date of Birth	
School	
School Address	
School Telephone Number	
Name of Parent / Carer	
Address of parent/carer if different from the child/young person	

For School to Complete: Request Referral to be made to the Individual Services specialist support service for :

Social, Emotional & Behaviour Support	
Language and Communication	
Autism Support	
Sensory	
Physical	
Medical Service	
Learning Support	
Educational Psychology Service	

Information may be used by the local authority to collect data about children with support needs which will be used in returns to central government and to help the local authority know how well it is doing in meeting the needs of young people in Somerset.

Your consent can be withdrawn at any time and at Annual Reviews (you will be asked for the continuation of that consent)

I / we give my / our consent to the request for involvement or referral to Somerset Individual Services for and the sharing of information necessary for them to be effective in working with the school and ourselves.

I/we also give consent to the direct involvement of a member of the Individual Services in working with and the school, subject to the review periods explained above.

Signed

Date.....

Please print name

This document is also available in Braille, large print, on tape and on disc and we can translate it into different languages. We can provide a member of staff to discuss the details.



If you wish to note the ethnic origin of the child / young person please do so below by ticking the appropriate box.

ABAN - Bangladeshi	
AIND - Indian	
AOTH - Any other Asian background	
APKN - Pakistani	
BAFR - Black African - BCRB - Black Caribbean	
BOTH - Any other Black background	
CHNE - Chinese	
MOTH - Any other Mixed background	
MWAS - White/Asian	
MWBA - White/Black African	
MWBC - White/Black Caribbean	
OOTH - Any other Ethnic Group	
WIRT - Traveller - Irish Heritage	
WBRI - British	
WIRI - Irish	
WOTH - Any other White background	
WROM - Roma/Roma Gypsy	