

# Learners request for support document

Please fill in this document as fully as possible.

Save it with the child or young person’s name at the start of the file name.

Complete the online Learners request for support form on the Local Offer website.

Upload this document, together with any reports referred to in Section 6, when you submit the online Learners request for support form.

If you have any problems or questions, please contact the L-SPA – 0300 200 1015.

Thank you.

## 1: Child or young person’s details

| **Question** | **Answer** |
| --- | --- |
| Surname |  |
| First Name |  |
| Preferred Name |  |
| Preferred Surname |  |
| Date of Birth |  |
| Unique pupil number |  |
| Migrant Child or Unaccompanied Asylum Seeking Child (UASC) |  |
| Does the Child or Young Person have a disability or special needs? |  |

## 2: Person making request

| **Question** | **Answer** |
| --- | --- |
| Surname |  |
| First Name |  |
| Title |  |
| Role |  |
| Person making request's Organisation Type |  |
| Person making request's Organisation Name |  |
| Email |  |
| Phone |  |

## 3: Family and household members

| **Surname** | **First name** | **Relation- ship** | **Address** | **Phone** | **Age/ DOB** | **Ethnicity** | **Language** | **Migrant or UASC** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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## 4: Child or young person’s needs

Complete each section and please ensure that you describe the child or young person’s needs and describe the impact that these needs have on their access to learning or social relationships or emotional wellbeing or independence.

### 4.1 Education specific requirements

| **Question** | **Answer (yes or no)** |
| --- | --- |
| Is the child or young person on the SEND register |  |
| If yes, please attach the Individual Support Plan |  |
| Does the child or young person have an ISP |  |
| Does the child or young person have a Profile of Need |  |
| If yes, please attach the relevant sections |  |
| Does the child or young person have a Surrey SEND Support Arrangement (school) or SEND Support Plan (EY) |  |
| If yes, please attach |  |

### 4.2 Cognition and learning

| **Question** | **Needs and impacts** |
| --- | --- |
| Guidance: What support is available at your educational provision? |  |
| How are you utilising the local offer to ensure inclusivity? |  |
| Resources available within the setting to support child or young person? |  |
| How are the child or young person’s current needs catered to and supported?  |  |
| Relationship with peers and interactions with them.  |  |
| Any concerns and how this is managed? |  |
| What is attendance?  |  |
| What are the factors for attendance? |  |
| What exclusions have there been? |  |

### 4.3 Communication and interaction

| **Question** | **Needs and impacts** |
| --- | --- |
| Guidance: How has the child or young person progressed throughout their early years and educational journey? |  |
| What are their development levels and National Curriculum levels? |  |
| Please clearly outline any specific difficulties with language, literacy or memory |  |
| How does the child or young person communicate? |  |
| How does the child or young person manage tasks and level of attention? |  |
| Does it differ? |  |

### 4.4 Social, emotional and mental health

| **Question** | **Needs and impacts** |
| --- | --- |
| Guidance: emotional regulation (anxiety and anger), self-esteem, self-harm |  |
| Detail any observations or information made both at home and early years provision or school and any support in place. |  |
| Does any behaviour manifest and impact upon the child or young person and that of their peers? |  |

### 4.5 Physical and sensory

| **Question** | **Needs and impacts** |
| --- | --- |
| Guidance: please detail any observations regarding brain sensory and motor processing – how does impact on their functioning? |  |
| Level of hearing, vision, smell. |  |
| Any diagnosis? |  |
| Dates these were last checked. |  |
| Does the child or young person have any medical conditions? |  |
| Diagnosis and impact on daily life. |  |

### 4.6 Intervention and support (to include any differences to teaching and learning during the school day and any professional involvement)

| **Question** | **Answer** |
| --- | --- |
| What support is in place already? |  |
| What impact is it having? |  |

### 4.7 Family functioning

| **Question** | **Answer** |
| --- | --- |
| Please include any knowledge you have of parental engagement, family dynamics family resilience, safeguarding issues. |  |

### 4.8 Any other relevant information

| **Question** | **Answer** |
| --- | --- |
| Please detail any information that you believe impacts on the child or young person wellbeing and support provided |  |
| What support does the child and family currently have? |  |
| What support has the family tried? |  |
| Which agency, friend or family members does this include? |  |
| What are the child and family’s strengths and how can these be built on? |  |
| Has a multi-disciplinary meeting been held with family and professionals? |  |
| What outcome are you seeking from this request? |  |

## 5: View of child or young person and parents or carers

### 5.1 Child or young person’s views

| **Question** | **Answer** |
| --- | --- |
| Child or young person’s wishes and feelings, strengths, needs and goals |  |

### 5.2 Parent or carer’s views

| **Question** | **Answer** |
| --- | --- |
| What are the parent or carer’s views on the child or young person’s strengths and needs |  |
| What are the parent or carer’s wishes and aspirations for the child or young person for the future |  |

## 6: Involvements with professionals (last 6 months)

| **Role** | **Name** | **Phone** | **Email** | **Date of last involvement** | **Report enclosed?** |
| --- | --- | --- | --- | --- | --- |
| Social worker |  |  |  |  |  |
| Educational psychologist |  |  |  |  |  |
| Advisory teacher |  |  |  |  |  |
| GP |  |  |  |  |  |
| Paediatrician |  |  |  |  |  |
| Speech and language therapist |  |  |  |  |  |
| Occupational therapist |  |  |  |  |  |
| Physiotherapist |  |  |  |  |  |
| Health visitor |  |  |  |  |  |
| CAMHS |  |  |  |  |  |
| Graduated response |  |  |  |  |  |
| Early Years advisor |  |  |  |  |  |
| Other |  |  |  |  |  |