


School Local Inclusion Forum Team Request Form

To be used from April 2021

Please complete all sections
and share with parents/carers
when they complete the "agreement to engage" section

Child's Name		DOB		Year group	
Child's Address					
Name of School		Date started at this school			

SEN status:	SEN Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving HNF <input type="checkbox"/> Yes <input type="checkbox"/> No	EHCP <input type="checkbox"/> Yes <input type="checkbox"/> No
Current paperwork in place (please send paperwork with form)	Provision map <input type="checkbox"/>	Personalised / Provision Plan <input type="checkbox"/>	
	Risk assessment <input type="checkbox"/>	Pastoral Support Plan <input type="checkbox"/>	Personal Evacuation Emergency Plan <input type="checkbox"/>
Please select all that apply	New referral to LIFT <input type="checkbox"/>	Re-referral to LIFT within the last 12 months <input type="checkbox"/>	Discussion re possible SA/EHCP Application <input type="checkbox"/>
	Service child (parent/carer in armed forces) <input type="checkbox"/>	Child in Care <input type="checkbox"/>	In receipt of Pupil Premium <input type="checkbox"/>
	Low or non-attendance <input type="checkbox"/>	Currently on a reduced timetable <input type="checkbox"/>	Exclusion/s within the last 12 months <input type="checkbox"/>

 <p><u>What is your solution focused question for LIFT?</u> (If you can identify a question at this stage)</p>	
<p><u>Where we are at now:</u> What are the key challenges/ barriers for the child/young person and/or staff working with them?</p>	
<p><u>Where we want to be:</u> What is the change for the child/young person and/or staff working with them you wish to achieve?</p>	<p>We would like the C/YP to be able to:</p> <p>We would like our staff to be able to:</p>

Identified and presenting needs							
Please put in numerical order the priority of need/s which the child/young person is presenting with. (Only the ones which are relevant)	ASD / SCD	SLCN	SEMH	C & L	PD / Medical	Sensory	Not sure
Please outline key information regarding the identified and presenting needs							
<p>For example,</p> <ul style="list-style-type: none"> Any diagnoses and dates Key significant data from assessments (e.g. Language Link, EP assessments, Boxall Profile, SALT etc.) Key strengths/difficulties Any relevant background factors to be considered How strategies from Mainstream Core Standards have been implemented (if not on Personalised/Provision Plan) Any identified possible triggers from STAR behaviour analysis charts completed Engagement with parents Key details of any exclusions Additional important information 	<p>Please bullet point key information:</p> <ul style="list-style-type: none"> 						

What attainment progress has been made over past two years?				
<ul style="list-style-type: none"> If the pupil is working below their chronological year group, please indicate which year group they are working at. E.g., If they are Year 6 but working at expected for Year 3 please write EXP Y3 and not "Working towards Y6" If working below Year 1 please use EYFS age bands (Development Matters) or Pre Key Stage standards 				
Please complete all years	Reading	Writing	Maths	Notes/comments (e.g. standardised assessments carried out in school and scores – e.g. BPVS, Ravens, reading age)
↑ Year before that				
↑ Previous year				
Current Level				

What advice external to the school's resources have been accessed and tried already ?			
<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Paediatrician	<input type="checkbox"/> CAMHS	<input type="checkbox"/> EP
<input type="checkbox"/> Social Services	<input type="checkbox"/> Early Help	<input type="checkbox"/> Outreach	<input type="checkbox"/> STLS
<input type="checkbox"/> Inclusion & Attendance	<input type="checkbox"/> Physio	<input type="checkbox"/> OT	<input type="checkbox"/> EWO/Attendance
<input type="checkbox"/> GRT/EAL support	<input type="checkbox"/> KHNES	<input type="checkbox"/> PEO	<input type="checkbox"/> VSK
<input type="checkbox"/> Counselling/Therapeutic support		<input type="checkbox"/> Other (please specify):	

How many cycles of personalised plans have been put in place? (A-P-D-R)	
What Outcomes have already been identified for this pupil on their personalised plan or provision plan?	
Please comment on the progress the C/YP is making towards these Outcomes and whether on track to meet outcomes	
Any other essential information	

Name of referrer:		Date:	
Role:			
Email:			
Name of person & role attending meeting [if different to above]			

Final checklist for schools

- Please ensure you have shared the request with parents/carers and that they have **completed and signed the "Agreement to Engage"** part of the form (It will not be possible to discuss the C/YP without the signed "Agreement to Engage" form)
- Securely email/send the following with the completed LIFT request form and accompanying documents to your District STLS administrator (password protected)
 - Personalised / provision plans /PSPs/Risk Assessments etc.** showing provision and strategies implemented and reviewed.
 - Additional evidence or information** – e.g., medical/EP reports, pupil voice/communication passport, school stress survey, examples of writing/spelling, assessment results etc.

Local Inclusion Forum Team Meeting
Parents/Carers and Child/Young Person Views and
Agreement to Engage



- ◆ *Part 1 should be completed by the referrer, together with the parent/carer, where needed.*
- ◆ *Part 2 - the referrer should ensure that the views of the parent/carer are recorded (**but see footnote**)*
- ◆ *Part 3 - where it is appropriate to secure the views of the child or young person, these should be recorded here. Where possible, the parent/carer and child/young person should record their own views, otherwise the referrer or other professional can scribe for them (**but see footnote**)*
- ◆ *Part 4 seeks the confirmation via signature that the parent/carer and child/young person understand that a referral is being made to LIFT.*
- ◆ *Part 5 should be completed by the referrer.*

PART 1 - please ensure the information provided is accurate and current

Child/Young Person's full name:	
Date of Birth:	
Parent/Carer full name:	
Parent/Carer address:	
Parent/Carer email:	
Parent/Carer telephone number:	

PART 2 **Parent/Carer Views** – see footnote

<u>What would you like the outcome to be for your child?</u>

PART 3 **Child/Young Person Views** – see footnote

<u>What would you like to happen and who do you think could help with this?</u>
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Footnote: *Where the referral is made for a very young child, or at the time of diagnosis, it may be considered inappropriate to seek child or parental views, and these will be recorded later by the initial key worker.*

PART 4 **Parent/Carer and Child/Young Person agreement for the school to engage with the District Local Inclusion Forum Team meeting (LIFT)**

To ensure that the school can use its best endeavours to meet the special educational needs (SEN) of your child, we would like to speak with other professionals at the Local Inclusion Forum Team meeting. These professionals may include teachers, SEN Specialist Teachers, Early Help Practitioners, Speech Therapists, Educational Psychologists and KCC SEN Officers. These professionals will work with the school and sometimes with your child to ensure the best SEN provision possible is in place. You will be provided with copies of any reports or assessments written by professionals regarding your child.

Any personal information about you and your family will be discussed under the data protection regulations in line with the law and will not be given to any other persons who are not involved in the process of planning to meet your child's special educational needs. The information shared will be only relevant information to your child's special educational needs and along with any reports that are written, will be held only for as long as necessary using a secure system.

Parents should be aware that the law also says that professional working with children must share information in order to safeguard or protect a child or young person if required.

Please confirm:

- I have read the referral form and understand the reasons for this referral to LIFT. I understand that information on my child's special educational needs will be shared and discussed between professionals to help me/my child.**

- I understand that I will be consulted following these discussions regarding any future planning and actions.**

Name of child/young person (CYP):

Signature of CYP:.....
(if appropriate)

Date:

Name of parent/principal/main carer:

Signature:

Date: