

## Local Inclusion Forum Team Request Form

<b>Child's Name</b>		<b>DoB</b>		<b>NCY</b>	
<b>Child's Address</b>					
<b>School/Setting</b>					
<b>SEN Level: (please tick)</b>	<b>SEN Support</b>			<b>SSEN/EHC Plan</b>	
<b>Child in Care</b>	<b>Yes/No</b>	<b>In receipt of Pupil Premium</b>	<b>Yes/No</b>	<b>Receiving High Needs Funding</b>	<b>Yes/No</b>

<b>What are the identified needs of this child/young person?</b>						
<b>What interventions external to the School have been used already? (Please ring or underline)</b>	Social Services	CAMHS	Speech Therapist	Occupational Therapist	Educational Psychologist	Early Help
<b>What attainment progress has been made over past two years? Please use comparable data wherever possible.</b>		<b>English</b>	<b>Maths</b>	<b>EYFS if appropriate</b>		
	<b>2015 – 2016</b>					
	<b>2016 – 2017</b>					
	<b>Current Level</b>					
<b>What Outcomes have already been identified for this pupil on their personalised plan or provision plan?</b>						
<b>Is this pupil currently on track to achieve these Outcomes?</b>	On track for all	On track for > 50%	On track for < 50%	On track for none		
<b>As a result of this referral to LIFT what is the intended impact of any intervention agreed for this pupil?</b>						
<b>What action do you feel may be required to help achieve this?</b>						

<b>Any other essential information</b>					
<b>Name of referrer:</b>		<b>Role:</b>		<b>Date:</b>	
<b>Email:</b>				<b>Phone:</b>	
Name of person & role attending meeting [if different]					

Please attach:-

Parental Views and Consent Form – or bring that form to the LIFT meeting. (It will not be possible to discuss the child without the signed Parental Consent Form.)

Personalised / provision plan/s showing provision implemented and reviewed.