

# Chadsgrove Teaching School



## Request for Support – Occupational Therapy

Pupil Surname	McGlone				
Pupil Forename	Cameron			Sex	Male
Date of Birth	04.03.07	NC Year	7	Pupil UPN	B885213111012
Parents/Carers	Mrs F Usher / Mr S McGloine				
Home Address	58 Pulman Close, Batchley, Redditch				
Home Postcode	B97 6HR		Telephone	07512 724489 Mrs F Usher	
Parental email	fionalusher@gmail.com				
School	Walkwood Church of England Middle School, Feckenham Road, Redditch				
School Postcode	B97 5AQ	School Telephone	01527 543361	Attendance in Previous Term	96.6%
SENCO email	<a href="mailto:rperks@walkwoodms.worcs.sch.uk">rperks@walkwoodms.worcs.sch.uk</a> / <a href="mailto:jmcafee@walkwoodms.worcs.sch.uk">jmcafee@walkwoodms.worcs.sch.uk</a>				
SENCO	Mrs Rachel Perks		Class Teacher	Tutor – Mrs M McGoldrick	
Who has parental responsibility?	Mrs F Usher and Mrs S McGloine		Is pupil in LAC system?	NO	
Is pupil in receipt of FSM?	NO		Is pupil Gypsy/Roma/Traveller?	NO	
Does the pupil attract Pupil Premium?	NO		Are there any medical conditions that staff working with the pupil need to be aware of?	NO	
<p>Areas of Concern: (Please tick)</p> <p><input type="checkbox"/> Literacy</p> <p><input type="checkbox"/> Numeracy</p> <p><input type="checkbox"/> Language &amp; Communication</p> <p><input type="checkbox"/> Movement</p> <p><input type="checkbox"/> EAL</p> <p><input type="checkbox"/> Other (please specify)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;">Dyslexia diagnosis</div>					
<p>Main Concerns:</p> <p>Previous Dyslexia Diagnosis. Use of Laptop throughout extended writing pieces.</p> <p>Painful and stiff hands and fingers, awkward pen grip – needs breaks whilst writing.</p> <p>OT Assessment requested.</p>					
Which team are you requesting support from? (e.g. Learning Support Team, Autism Team etc.) Occupational Therapy					
Background information (e.g. ASD diagnosis, dyslexia etc.) Dyslexia					
<b>Please indicate the pupil's status regarding the SEN Code of Practice:</b>					
Does not have SEN   SEN Graduated Response   IA Requested   IA commenced   EHCP   High Level Need					

**Please indicate services which have been involved with the pupil:**

BST | ISSS | S&LT | EP | Early Intervention | Stronger Families | CAMHS | School Health  
OT | GRT | Physiotherapy | Probation Service | Other *(please specify)*

Please attach copies of the following reports *(where relevant)*

- Pupil's current IEP / Provision Map
- Most recent reports from other agencies
- Most recent SAT results and Teacher Assessment Levels
- Any recent observations by Class Teacher / SENCO / Head of Year / EWS
- Any other reports which may be relevant to support the referral

**If the request is for a Learning Support Assessment, please include a sample of writing from the named pupil being referred**

**Current Attainment:**

<b>NC Levels:</b>	Reading	<input type="text" value="4S"/>	Writing	<input type="text" value="5D"/>	Maths	<input type="text" value="5E"/>
<b>GCSE Levels:</b>	English	<input type="text"/>	Maths	<input type="text"/>		
<b>Early Years Age Bands:</b>	Language & Communication	<input type="text"/>	Reading	<input type="text"/>	Writing	<input type="text"/>
	Numbers	<input type="text"/>	Moving & Handling	<input type="text"/>		
<b>Language Link Results:</b>		<input type="text"/>				

*In all cases, parental consent must be obtained prior to CTSA involvement. It is the commissioning school's responsibility to obtain this. Please ensure that this has been done before returning this form.*

I confirm that parents/carers have consented to CTSA involvement  Date obtained

Signature of person commissioning support:



Position:

Deputy Principal, Head of SEN

Name (in capitals):

RACHEL PERKS

Date:

15.01.19

**Please return completed form confidentially to:**

**Chadsgrove Teaching School**

Meadow Road, Catshill, Bromsgrove, Worcestershire B61 0JL

☎ 01527 871511

@ tsa@chadsgrove.worcs.sch.uk

🌐 www.chadsgrove.worcs.sch.uk



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