



# Chadsgrove Teaching School

## Request for Support

Pupil Surname	Fawke				
Pupil Forename	Harvey			Sex	<b>Male</b> Female
Date of Birth	30/11/2003	NC Year	10	Pupil UPN	D885292006066
Parents/Carers	Mrs Jenny Fawke & Mr Jason Hickman (Stepfather)				
Telephone	01527 523963 / 07905 436532				
School	RSA Academy Arrow Vale				
School Postcode	B98 0EN	School Telephone	01527 526800	Attendance in Previous Term	92.96 %
SENCO email	<a href="mailto:cround@arrowvaleacademy.co.uk">cround@arrowvaleacademy.co.uk</a> – Inclusion Lead & SENCo <a href="mailto:slune@arrowvaleacademy.co.uk">slune@arrowvaleacademy.co.uk</a> – HLTA/SEND				
SENCO	Mrs Claire Round		Class Teacher	Samantha Lune – Key Worker	
Who has parental responsibility?	Mrs J Fawke			Is pupil in LAC system?	YES <b>NO</b>
Are there any medical conditions that staff working with the pupil need to be aware of?	<p style="text-align: right;"><b>YES</b> NO</p> Alopecia Somatosensory Dyspraxia ASD/Asperger's ADHD				
Areas of Concern: (Please tick)	<div style="border: 1px solid black; padding: 5px;"> <p><b>Main Concerns:</b></p> <ul style="list-style-type: none"> <li>- Harvey is complex and can be misunderstood. His place in mainstream is precarious. He is at risk of exclusion due to poor behaviour choices despite extensive use of SEND strategies/support.</li> <li>- He has been escalated to a senior key worker, in liaison with home.</li> <li>- Harvey is struggling with behaviour and engagement both at home and at school.</li> <li>- He has not had any specific dyspraxia input since his diagnosis in primary school.</li> </ul> </div>				
<input type="checkbox"/> Literacy <input type="checkbox"/> Numeracy <input checked="" type="checkbox"/> Language & Communication <input type="checkbox"/> Movement <input type="checkbox"/> EAL <input type="checkbox"/> Other (please specify)	<input style="width: 150px; height: 20px;" type="text"/>				
Which team are you requesting support from? OT – dyspraxia assessment/updated report for secondary.					
Background information: Diagnoses listed above.					
<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   <b>High Level Need</b>					

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

BST | ISSS | S&LT | EP | Early Intervention | Stronger Families | CAMHS | School Health  
 OT in first school | GRT | Physiotherapy | Probation Service | Other: SEND Supported Specialist Autism Teacher

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

- Pupil's current IEP / Provision Map - enclosed
- Most recent reports from other agencies - enclosed
- Most recent SAT results and Teacher Assessment Levels – Key Assessment Data enclosed
- 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"/>	Writing	<input type="text"/>	Maths	<input type="text"/>
<b>GCSE Levels:</b>	English	<input type="text" value="1"/>	Maths	<input type="text" value="3"/>		
<b>WORKING AT LEVELS</b>						
<b>Early Years Age Bands:</b>	Language & Communication	<input type="text"/>	Reading	<input type="text"/>	Writing	<input type="text"/>
	Numbers	<input type="text"/>	Physical	<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. Please see our GDPR privacy statement regarding data protection. Photographs may be used as part of the assessment and these will be stored securely in line with GDPR regulations. Reports will be shared, as required, with other appropriate specialists within the CTSA support portfolio (e.g. SALT).*

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

Signature of person commissioning support:

*Shune*

Position:

HLTA/SEND  
Harvey's Key Worker

***We regret that we cannot accept typed signatures. Digital signatures or scanned electronic copies are suitable.***

Name (in capitals):

Samantha Lune

Date:

8<sup>th</sup> Feb 2019

**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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