

Independent Support - Initial Contact Sheet

Please complete this form for all referrals received. Enter as much information as you can

- **Mandatory fields are starred***
- **Please circle greyed out fields**

REFERRAL DETAILS

Method of Enquiry	Telephone	Email	Web Form	Face to Face				
Type of Referee*	LA	IASS	College	School	Direct	PCF	Other	
If Direct - who?*	Parent / Carer			Child / Young Person				
Date of Referral*				Time of Referral*				
Referee Name*				Parent Name (Non-Direct)				
Where did they hear about us?	Website	Group Event	LA	IASS	College	School	PCF	Friend / Family
	Other (specify)							
Referred Person's Address*								
Referred Person's Local Authority*								
Referred Person's Contact (min. one)*	Landline		Mobile			Email		

CHILD / YOUNG PERSON'S DETAILS

CYP Name*				
CYP DOB*		Gender	Male / Female	
Details of Current Education Placement				
CYP direct enquiry: is there permission to speak to parents / carers?	Yes	No		
Do we have permission to speak to others (School / LA / IASS / etc.)?	Yes	No		
Summary of enquiry*				
Details of next steps				
Current stage of SEND (select all applicable)	New Assessment for EHC		Transfer to EHC	
	Due to request EHC Assessment	EHC Assessment has been requested	Due to Transfer from SEN to EHC	Draft EHC Plan received
	EHC Assessment has been agreed	EHC Assessment has been refused **IASS	Final EHC Plan received	No Plan to be issued **IASS
Any additional needs or special requirements for the referred person in accessing the service?	Please note any communication/accessibility needs.			
Enquiry Taken By*				

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DIVERSITY INFORMATION

Child's Ethnicity (Please circle appropriate)				
White-British	White –Irish	White –Other	Black—British	Black—African
Black—Other	Chinese	Mixed—White and Black African	Mixed—White and Asian	Mixed—White and Black Caribbean
Bangladeshi	Pakistani	Indian	Asian/Asian British—Indian	Asian/Asian British— Pakistani
Asian/Asian British—Bangladeshi	Arabian	Other please specify:		
Child's Disability (Please identify a primary, secondary and tertiary disability by labelling the categories below with a 1, 2 or 3)				
Specific Learning Difficulty	Moderate Learning Difficulty	Severe Learning Difficulty	Profound & Multiple Learning Difficulties	
Speech, Language & Communication Needs	Hearing Impairment	Visual Impairment	Multi-sensory Impairment	Genetic Condition
Physical disability	Autism Spectrum Disorder	Emotional & Social Difficulties	Life Limited	Other difficulties/ disabilities
Child's Religion (Please circle appropriate)				
Atheism	Buddhism	Christianity	Islam	Judaism
Hindu	Sikh	None	Other (Please Specify)	
Additional Information				