Request for Involvement (RfI)

*Please complete this form as comprehensively as possible*

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| **Details of the child or young person** | | | |
| **Name of CYP** |  | **Parents/carers** |  |
| **Gender** |  | **Home address and postcode** |  |
| **DoB** |  |
| **Year group** |  |
| **UPN** |  | **Tel** |  |
| **Support level** | SEN Support/EHCP | | |

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| **Details of school/setting or other provision** | | | |
| **School/setting** |  | **Address** |  |
| **Head/Lead** |  | **Tel** |  |
| **Key contact** |  | **Email** |  |

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| **Details of professional making request for involvement** | | | | | |
| **Organisation** |  | | | | |
| **Name of referrer** |  | | **Tel** |  | |
| **Role** |  | | **Email** |  | |
| **Other agencies/ professionals involved** | | | | | |
| **Name** | | **Role** | | | **Organisation** |
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| **Details of current issues, concerns and/or support requirements** | | | |
| Please give a brief description of your concerns and the challenges being presented in your setting, including; progress/levels/on track; attendance; exclusions; SEMH; access to learning opportunities; behaviour, etc. | | | |
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| What strategies have been tried so far and what was the outcome? | | | |
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| What outcomes are you hoping to achieve from IES involvement? | | | |
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| Pupil’s views about support needs: | | | |
|  | | | |
| Parent/Carer’s views about support needs: | | | |
|  | | | |
| **Note:** A request for involvement of portage home visitors must also include a completed “Lone Working Risk Indicator Assessment” form. This is available on the intranet at; <https://www.northyorks.gov.uk/send-specialist-support-and-provision> | | | |
| **Additional information** *(please tick ✓)* | | | |
| Achieving expected levels of progress |  | Looked after child (LAC) |  |
| English as an additional language (EAL) |  | Open or on-going TAC/CAF |  |
| In receipt of pupil premium |  | In receipt of free school meals |  |
| Military family – parent deployed in conflict zone |  | Traveller family – highly mobile |  |
| Registered as school additional SEND support |  | EHCAR submitted to NYCC |  |
| Statement of SEN in place |  | EHCP in place |  |
| Name of issuing LA *(if statement or EHCP in place)* | |  | |
| Alternative communication, e.g. BSL *(provide details)* | |  | |
| **Please give details of any formal diagnosis relevant to this request** | | | |
| Diagnosis | | Made by *(details of agency/medical professional, etc.)* | |
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| **Ethnicity** *(please insert tick ✓)* | | | |
| White/British |  | White/Irish |  |
| Gypsy/Roma |  | Any other White |  |
| White and Black African |  | White and Asian |  |
| Indian |  | Pakistani |  |
| Any other Asian background |  | Caribbean |  |
| Any other Black background |  | Chinese |  |
| White/Traveller of Irish Heritage |  | Bangladeshi |  |
| White and Black Caribbean |  | African |  |
| Any other mixed background |  | Any other ethnic group |  |
| Declined to say |  | Not yet obtained |  |

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| **Service Required – Is there a specific Service within IES that you are requesting?** *(please insert tick ✓)* | | | |
| Communication & Interaction |  | Cognition & Learning |  |
| Sensory, Physical Medial |  | SEMH (Primary only – for secondary schools please follow the Collaborative referral process through the PRS) |  |
| Early Years Advisory Teacher or Portage worker |  | Other |  |

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| **Submission** *(this request can’t proceed without evidenced parental/young person’s consent appended to this form)* | |
| The school/setting/organisation making this request for involvement has parental permission to share the named child or young person’s records and has their consent to request support from the inclusive education service. Alternatively, if a young person is of compulsory school leaving age, a young person’s consent may be accepted.    The completed request must be signed by the referrer, either electronically or signed and scanned  Completed forms must be sent securely to **inclusiveeducation@northyorks.gov.uk**  Alternatively it can be posted to **Inclusive Education Service, NYCC, County Hall, Northallerton DL7 8AE** | |
| **Signed** *(referrer)* |  |

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| **Office use only** | | | |
| **Date received** |  | **Date of RfI meeting** |  |
| **Submitted RfI includes parental or young person’s consent**  (request for involvement will not proceed without this) | | |  |

Parental Consent Form

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| **Parental consent for:** Insert name | | | |
| Dear Parent/Carer  We would like support to meet your child’s learning needs and will be submitting a request for involvement to inclusive education service. The request will be considered by a team of specialist educationalists. If they consider the request meets service eligibility criteria, the most appropriate professional to become involved will work closely with us and/or with your child directly to ensure their learning needs are met.  To proceed with the request for involvement your written permission is required, by signing the parental consent section of this form before we submit it. The request will not be processed without your signed parental consent.  By signing you will also give your consent for inclusive education service specialists to contact other professionals who may already be involved with your child to gain relevant information regarding their needs.  If you wish to discuss the matter further before signing below, please do not hesitate to contact me and we can talk further. If this consent form is sent separately from the completed RFI form, it must be returned directly to:  Inclusive Education Service, NYCC, County Hall, Northallerton DL7 8AE  Yours Sincerely, REPLACE TEXT WITH NAME OF SENCo/HEADTEACHER/SETTING LEAD/REFERRER | | | |
| **Parental Statement** | | | |
| I agree to the involvement of inclusive education service and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.  If we agree together that it is in the best interests of my child, I understand that some information about them may be shared with other professionals who are already involved with them. This will be done in line with NYCC Children & Young People’s Service information sharing protocols which can be found at: <https://www.northyorks.gov.uk/open-data-information-sharing-and-data-protection>  I understand that both paper and electronic records may be kept by the inclusive education service as a result of this involvement and that these records will be kept securely by NYCC and destroyed safely, according to the County Council's document retention and deletion schedule.  Under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), I have the right to request a copy of the information the County Council holds about me/my child. For more information I can contact the Data Protection Officer at: [infogov@northyorks.gov.uk](mailto:infogov@northyorks.gov.uk) or write to **Information Governance Office, Veritau Ltd, County Hall, Northallerton, North Yorkshire, DL7 8AL**  To ensure that your child receives the optimum service, information may be shared with other services within the County Council. Further consent will be sought from you for any direct contact with your child by another service not already involved.  **Please tick YES or NO** to the following consent statement and, if consent is given and you have parental responsibility for the child/young person named on this form, please sign below.  **I give consent to a referral to the inclusive education service** **YES □ NO □**  I understand that I have the right to withdraw my consent at any time by contacting the Data Protection Officer at the above address.  For further information on how the Council processes your personal data refer to <https://www.northyorks.gov.uk/privacy-notices> | | | |
| **Relationship to CYP** |  | **Print Name** |  |
| **Address** |  | | |
| **Email** |  | **Tel** |  |
| **Signed** |  | **Date** |  |