



Request for Assessment and Advice

School Details

School Name and address

Phone Number -

Email -

Contact Person -

Role:

Pupil Details

Name -

DOB -

Class teacher:

Year Group:

List any additional support child receives from school or other agencies.

Does the child have a diagnosis or been referred to a paediatrician?

Family Details

Parent/Carer name and address:

Home language:

Do the parents share school's concerns about their child?

Are the child's needs different at home?

Parental consent obtained

Yes/No

A signed consent is included with this form.

About the Pupil

Language and Communication.

Please describe any difficulties the pupil has with:

- Understanding language
- Speech and expressive language
- Using language to communicate for a range of functions e.g. holding a conversation

Has the pupil been referred to Speech & Language Therapy?

Behaviour

Please describe any concerns you have about the pupil's behaviour.

Do these behaviours occur in different setting e.g. home, lunch times?

Learning and Attainment

How does the pupil's learning and attainment differ from his/her peers?

What are the pupil's interests and motivators?

What strategies have you already put in place?

What are your main reasons for requesting outreach support?

I/We give consent for this referral to be made for my child.

Signed:

date:

Pictor Academy

Date referral received:

Date referral actioned:

Outcome