

Islington Dyslexia Network Referral Form

Please fill out and send electronically to palmer.j52@srs.islington.sch.uk

Pupil Information

Name of Pupil		Date of Birth	
Gender		Year Group	
Name of Parents / Carers		Permission for referral obtained from parent (signature required - see below)	
Diagnosis /Disability			
Provision Mapping	Pupil Passport	SEN Support Plan	EHC Plan

School Information

Name of school	
School Address	
Telephone Number	
Contact Email Address	
Headteacher	
Class Teacher	
SENCO	
Support Worker	
Educational Psychologist	
Speech & Language Therapist	

Head Teacher: Julie Keylock
Head of Outreach: Jane Palmer

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Referral Details

Brief summary of concerns			
Current support strategies and interventions <i>Please note that it is expected for the pupil to have received at least two terms worth of targeted intervention to address their difficulties prior to an assessment being carried out.</i>			
Has the student had their hearing or vision tested in the past year? If they have not, please ensure this is done prior to assessment or results may be inconclusive.			
Referral requested by		Referral authorised by Head Teacher / SENCO	
Date of referral		Date referral received	

Please note:

Prior to the assessment, schools and families will be contacted by a specialist and asked to provide information about the student's educational and developmental history. Assessments will not be arranged until that information is returned. The cost to schools is £550 which is payable to the assessor's school.

We aim to provide diagnostic assessments in a timely manner. The assessment will be carried out based on the availability of a qualified specialist and licensed assessor. This may not be immediate and there may be a wait time involved. The specialist carrying out the diagnostic assessment will contact your school to arrange the assessment.

PARENTAL PERMISSION

I give permission for a member of the Islington Dyslexia Network to assess my child.
I understand that I may withdraw my child the assessment process at any time.
Please give this **signed form** to the IDN assessor prior to the assessment.

Name of Parent/Carer: _____

Name of child: _____

Signed: _____ Date: _____