

**Learning Support Team**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil Surname |  | | | | | | | | | | | | | |
| Pupil Forename (s) |  | | | | | | | | | Sex | | Gender  □ Female  □ Male  □ Non-Binary | | |
| Date of Birth |  | | NC Year | | | | | |  | Pupil UPN | |  | | |
| Parent(s)/Carer(s) |  | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | |
| Telephone |  | | | | | | | | | | | | | |
| If parents live separately, please provide contact details for both parents if different to the above | | | | | | | | | | | | | | |
| Parent(s)/Carer(s) |  | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | |
| Telephone |  | | | | | | | | | | | | | |
| Who has parental responsibility? |  | | | | | | Is pupil in LAC system | | | | | | □ Yes □ No | |
| School |  | | | | | | | | | | | | | |
| School Postcode |  | School Telephone | | | | | |  | | | Attendance in Previous Term (%) | | |  |
| SENCo Email |  | | | | | | | | | | | | | |
| SENCo |  | | | | Class Teacher/Form Tutor | | | | | | |  | | |
| Previous school(s) attended: |  | | | | | | | | | | | | | |
| Date of full LST Cognitive Assessment: |  | | | | | | | | | | | | | |
| **Are there any medical conditions**? E.g. epilepsy, cerebral palsy etc. □ Yes □ No  If yes, please give details: | | | | | | | | | | | | | | |
| **Diagnoses (please select all that apply):**  □ None □ Dyslexia □ Dyscalculia □ Dyspraxia □ ASD □ ADHD  □ Other (please specify): | | | | | | | | | | | | | | |
| **Is the pupil accessing a reduced timetable or alternative provision? If so please provide details of days, times and, if applicable, venue:** | | | | | | | | | | | | | | |
| **Support strategies implemented from last LST assessment**  *What has worked well? What has not worked?* | | | | | | | | | | | | | | |
| **Intervention**  e.g. reading support, spellings, motor intervention | | | | **Classroom (Quality First Teaching)**  e.g. writing slope, pencil grips, ICT, coloured overlays, word banks | | | | | | | | | | |
| **Progress made since last LST assessment** | | | | | | | | | | | | | | |
| **Reading** | | | | | | | | | | | | | | |
| **Spelling** | | | | | | | | | | | | | | |
| **Writing** | | | | | | | | | | | | | | |
| **Motor Coordination** | | | | | | | | | | | | | | |
| **Language** | | | | | | | | | | | | | | |
| **Current Attainment - subject overview (in relation to age expected outcomes):** | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Above Average** | **Average** | **Below Average** | **Well Below Average** | | **English** |  |  |  |  | | Reading accuracy |  |  |  |  | | Reading comprehension |  |  |  |  | | Speaking and listening |  |  |  |  | | Writing |  |  |  |  | | Spelling |  |  |  |  | | **Maths** |  |  |  |  | | Number and counting |  |  |  |  | | Shape, space and measure |  |  |  |  | | Calculation |  |  |  |  | | Using and applying |  |  |  |  | | Data handling |  |  |  |  | | **Science** |  |  |  |  | | **Languages (MFL)** |  |  |  |  | | **Humanities** |  |  |  |  | | **PE** |  |  |  |  | | **Art** |  |  |  |  | | **DT** |  |  |  |  | | **ICT** |  |  |  |  | | **Any additional information** | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Current Attainment in learning:** | | | | | | | | | | **Key Stage 1 or 2:** | | Reading |  | Writing |  | Maths |  |  | |  | | | | | | | | | | **Key Stage 3 or 4 (level/grade currently working at):** | | English |  | Maths |  |  | | | |  | | | | | | | | | | **Early Years:** | | Language & Communication |  | Reading |  | Writing |  |  | |  | | | | | | | | | |  |  | Numbers |  | Physical |  |  |  | | |  | | | | | | | | | | **Language Link Results:** | | |  |  |  | | | | | | | | | | | | | | | | | | |
| **Areas of difficulty/ongoing concern** | | | | | | | | | | | | | | |
| **Reading** | | | | | | | | | | | | | | |
| **Spelling** | | | | | | | | | | | | | | |
| **Writing** | | | | | | | | | | | | | | |
| **Motor Coordination** | | | | | | | | | | | | | | |
| **Language** | | | | | | | | | | | | | | |
| **Assessment menu (please select four areas you would like assessed)** | | | | | | | | | | | | | | |
| **□ Reading □ Spelling □ Motor Coordination □ Phonological Awareness**  **□ Language and comprehension □ Visual Perception □ Processing □ Memory □ Writing** | | | | | | | | | | | | | | |
| **Vision and visual difficulties** | | | | | | | | | | | | | | |
| Were any visual difficulties highlighted by the last LST? □ Yes □ No    If yes, how have these been addressed or further investigated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does the pupil wear glasses? □ Yes □ No  Does the pupil use a coloured overlay? □ Yes □ No  If yes, what is their colour preference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If yes, please ensure that they have them with them on the day of the assessment* | | | | | | | | | | | | | | |
| **Please indicate the pupil’s status regarding the SEN Code of Practice:**  □ Does not have SEN □ SEN Graduated Response □ Integrated Assessment requested □ EHCP | | | | | | | | | | | | | | |
| **Are you in the process of applying for an EHCP?**  □ Yes □ No | | | | | | | | | | | | | | |
| **Is the pupil on the Umbrella Pathway?** □Yes □No  *If yes, which professionals are involved?* | | | | | | | | | | | | | | |
| **Have any other external agencies been involved or referred to since the last LST assessment?**  □Yes □No  *If yes, which professionals are involved?* | | | | | | | | | | | | | | |
| Please attach copies of the following reports *(where relevant)*   * Pupil’s current IEP / Provision Map * Most recent reports from other agencies * Most recent SAT results and Teacher Assessment Levels * Any recent observations by Class Teacher / SENCO / Head of Year / EWO * **Any other reports which may be relevant to support the referral (e.g. EP, SALT, OT)**   **\*\*\*Please include a sample of writing from the named pupil being referred\*\*\*** | | | | | | | | | | | | | | |
| *In* ***all*** *cases, parental consent must be obtained* ***prior*** *to CSSS 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 CSSS support portfolio (e.g. SALT).* | | | | | | | | | | | | | | |
| **By signing below, you are confirming that parents/carers have consented to CSSS involvement** | | | | | | | | | | | | | | |
| Signature of person commissioning support: | | | | | | Position: | | | | | | | | |
| Name (in capitals): | | | | | | Date: | | | | | | | | |
| ***We regret that we cannot accept typed signatures. Digital signatures or scanned electronic copies are suitable.*** | | | | | | | | | | | | | | |
| ***Please return completed referral forms via:***  **Worcestershire County Council Children’s Services Portal** – select named individual – TERESA HAMILTON  ***OR***  ***EGRESS –*** [*schoolsupportservices@chadsgrove.worcs.sch.uk*](mailto:schoolsupportservices@chadsgrove.worcs.sch.uk) | | | | | | | | | | | | | | |
| **Chadsgrove School Support Services**  Meadow Road  Catshill, Bromsgrove  Worcestershire, B61 0JL  **Tel:** 01527 877262  **Email:** [schoolsupportservices@chadsgrove.worcs.sch.uk](mailto:schoolsupportservices@chadsgrove.worcs.sch.uk)  **Website:** [https://www.chadsgroveschool.org.uk](https://www.chadsgroveschool.org.uk/web/school_support_services)  @chadsupportteam | | | | | | | | | | | | | | |