

**CCN Team**

Parent/Carer Questionnaire

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil Surname |  | | | | | | | | | | | | |
| Pupil Forename (s) |  | | | | | | | | Sex | | □ Female □ Male  □ Non-Binary Gender | | |
| 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: |  | | | | | | | | | | | | |
| **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): | | | | | | | | | | | | | |
| **Areas of concern:** | | | | | | | | | | | | | |
| **Service package required** (select one):  □ CCN assessment visit (**school**) □ CCN assessment visit (**home**)  □ CCN Graduated Response Package □ Modelling of practice (staff)  □ CCN Pupil Autism Awareness Support (available after initial CCN assessment):  Date of CCN Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ CCN onsite clinic (all referral forms will need to be completed for each new pupil referred to the onsite CCN clinic. Only available in Secondary/High School provision) | | | | | | | | | | | | | |
| **Please indicate which services are involved with the pupil:** e.g. Educational Psychology, OT etc.. | | | | | | | | | | | | | |
| 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 / EWS * Any other reports which may be relevant to support the referral | | | | | | | | | | | | | |
| Does the pupil wear glasses? □ Yes □ No  *If yes, please ensure that they have them with them on the day of the assessment* | | | | | | | | | | | | | |
| Does the pupil have reading or writing difficulties? □ Yes □No  *If yes, please give details:* | | | | | | | | | | | | | |
| **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?* | | | | | | | | | | | | | |
| **Referral checklist** (minimum requirements)- prior to sending to Chadsgrove School Support Services, have you included:  □ Referral form  □ Parent/carer - Overview of Needs Form  □ School – Overview of Needs Form  □ Parent/carer sensory checklist  □ School sensory checklist  Please ensure that each of the above elements are sent as separate files and are in page order  \*\*\*Referrals **will be** **rejected** if any of the above items are missing or incomplete\*\*\* | | | | | | | | | | | | | |
| *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* | | | | | | | | | | | | | |
| **Chadsgrove School Support Services**  Meadow Road  Catshill, Bromsgrove  Worcestershire, B61 0JL    **Tel:** 01527 871511 (option 2)  **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 | | | | | | | | | | | | | |