A computer screen shot of a logo

Description automatically generated

|  |
| --- |
| **Request for Specialist Teaching and Advisory Service (STAS) involvement** |

The Specialist Teaching and Advisory Service is a team of teachers and advisors who support settings on issues relating to pupils who may experience Special Educational Needs and Disability (SEND).

* **Please do not return this form without parental consent attached.**
* **Copies of two reviewed SEND Support plans MUST be included.**
* **For HI and VI referrals, the name of the child’s audiology or ophthalmology clinic is needed. SEND Support Plans are not required.**
* **Please note all relevant sections must be completed for request to be considered; particularly parent/carers comments. Incomplete referrals will be declined.**
* **If you have had advice from Educational Psychology within the last half term, we ask you continue to implement this advice for at least half a term and only then refer to this service.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Pupil:** |  | | | **Gender:** | |  | | |
| **Date of Birth:** |  | **Year group:** | |  | | | | |
| **Parent(s) / Carer(s):** |  | **Address:** | |  | | | | |
| **Tel:** |  | **Postcode:** | |  | | | | |
| **Email:** |  | **Date:** | |  | | | | |
| **School/Nursery:**  **(Please include days/time child attends)** |  | **Tel:** |  | | | | | |
| **SENCO / Inclusion Leader:** |  | **Email:** |  | | | | | |
| **Class Teacher** |  | **Email:** |  | | | | | |
| **Referrer name/ role:** |  | **Email:** |  | | | | | |
| **Primary Need:** |  | **Code of Practice Stage:** | | | **SEN Support** |  | **EHCP** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional involvement** |  | **Report date** | |
| **CAMHS** |  |  | |
| **Speech and Language Therapy Service** |  |  | |
| **Woodview MDT** |  |  | |
| **Education Psychology Service** |  |  | |
| **Behaviour Support Service** |  |  | |
| **OT/Physio** |  |  | |
| **Audiology** |  |  | |
| **Ophthalmology** |  |  | |
| **Orthoptist** |  |  | |
| **Other** |  |  | |
| **Which Service do you require?** | | |  |
| Primary or Secondary Communication and Interaction (including autism) Consortium | | |  |
| Early Years Communication and Interaction (including autism) Consortium | | |  |
| Complex Needs (Physical/Medical) Consortium | | |  |
| Specialist Teacher for Vision Impairment (VI) (Pupil must have a diagnosis of a Vision Impairment) | | |  |
| Specialist Teacher for Hearing Impairment (HI) (Pupil must have a diagnosis of a Hearing Impairment) | | |  |
| Cognition and Learning Consortium | | |  |
| Block of Teaching for Cognition and Learning | | |  |
| Modelling visit to support staff to deliver strategies previously recommended in consortium or training | | |  |

|  |
| --- |
| **Reason for SEN Service Involvement** |
|  |
| **Identify the desired SMART (Specific, Measurable, Achievable, Relevant, Timely) outcomes from this involvement:** |
| 1.    2.  3. |
| **Pupil Learning Profile:** |
| Provide details of age related levels according to the school’s own tracking system:  Results of school based diagnostic tests with dates: |
| **Details of previous interventions:** |
| List successful strategies:  List unsuccessful strategies: |
| **In the context of current education setting, what are the Pupil’s strengths?** |
|  |

|  |
| --- |
| **Parent/carer views/comments This section MUST be completed** |
|  |
| **Parental / carer involvement:** |
| This consent gives permission for Halton SEN Service personnel to be involved with my child. I understand that a specialist teacher or advisor will work with school staff and may work directly with my child. Any observations will be carried out sensitively without drawing undue attention to my child.  Obtaining and sharing information from other agencies is an important part of the assessment process, as it gives a fuller picture of your child’s circumstances and needs and involves other professionals who may be able to offer services and support.   * I agree to the sharing of relevant information between agencies for the purpose of assessing my child’s needs. * I understand that I have the right under the Data Protection Act 2018 and General Data Protection Regulation 2018 to request a copy of my information and to know what it is used for and how it has been shared. * I understand that data will be stored securely in line with the Privacy Notice available on the council website.Halton Borough Council is the data controller for the personal information provided – a full privacy notice can be viewed at <http://www.halton.gov.uk/privacynotices> * I agree to the sharing of relevant information between agencies referred for the purpose of assessing my child’s needs. * I agree that the information provided will be on a database and in case records and can be used by agencies to support my child. * I understand that consent can be withdrawn at any time by contacting [senservice@halton.gov.uk](mailto:senservice@halton.gov.uk) or calling 0151 511 7405   Parents are advised that there may be exceptional circumstances where information may be shared with agencies in line with the Data Protection Act 2018.  Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

More information on the SEND Service is available here: <https://localoffer.haltonchildrenstrust.co.uk/schools-colleges-post16/education-support-services/>

**Please return to:**

[senservice@halton.gov.uk](mailto:senservice@halton.gov.uk)