

**Send form to:** **Towerhamlets&city.sendiass@towerhamlets.gov.uk**

**SENDIASS Initial contact form** Initial Contact Date:

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| Name of Referrer:  | Referrer’s Contact Details: |
| **YP/Child**Surname: First Name:   | Ethnicity:  |
|   | Date of Birth:  |
| **Parent/Carer** Surname: First Name:  | Relationship to Child: First language: English: |
| **Contact Details**Address: Email:  | Home Tel:Mobile:  |
| **School details** School Year: Name of School/College:  |
| **S.E.N**NONE □ SEN Support □ EHC Assessment □ Not Known □ EHCP □  |
| What are your concerns about your child? [make sure you record them clearly]. e.g. child not making progress, communication with school difficult. |
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| What help does the parent require from us? |
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| Where did you hear about our service?  |
| We give free, independent and impartial advice. The information you have given us today will be treated confidentially. Do we have your permission to save it on our secure database?Yes □ No □ |
| In order to help your child, we may need to contact other professional, such as schools and Local Authority services. Do you give permission for us to contact these professionals? Are there any exceptions? **Permission to contact:**School □ Professional □ Exceptions □Confidentiality discussed Yes □ No □ The only exception to maintaining confidentiality will be if we believe there is a risk to a child or others  |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature  |