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| **Parental consent to SEN Support** |

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| **Name of child/young person:** |
| **DoB: Year group:** |
| **Date placed at SEN Support:** |

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| Early Help Plan: Yes/No Child Protection Plan: Yes/No  Lead Professional and / or Key Worker  Name: Service: |

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| **School information (include concerns within the four broad areas of need of communication and interaction; cognition and learning; social, emotional and mental health difficulties; sensory and / or physical needs)** |

**Child / young person’s views:**

**Parent’s / carer’s comments:**

I/We have been consulted about my/our child being placed on the school’s SEN list. I/We understand that I/we will be kept informed about the help being given and the progress he/she is making.

Parents/carers signature: Date:

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| **To be completed if a pupil is *removed* from the SEN list**  I/We have been consulted about my/our child being removed from the school’s SEN list. We understand that school will continue to monitor their progress closely.  **Parents/carers signature: Date:** |