|  |
| --- |
| **Parent/Carer consent to SEND Support** |

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

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

|  |
| --- |
| **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:**

**Parents/carers comments:**

I/We have been consulted about my/our child being placed on the school’s SEND register. 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:

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