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

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

**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:

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| **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:** |