



Physical & Sensory Support REQUEST FOR INVOLVEMENT

Physical and Sensory Support (PSS) is a specialist education team working with children and young people in home, pre-school and school settings, (0-19 years), who have one or more of the following: a diagnosis of sensory impairment - deafness, vision impairment, multisensory impairment (a combination of deafness and vision impairment), a physical disability, a need for augmentative and alternative communication (AAC).

Child/Young Person Details:

Child/young person name:

Date of Birth:

Main language used in the home:

Address:

Child/young person's preferred language / method of communication: eg: verbal, BSL or other sign language, electronic or non-electronic Augmentative and Alternative Communication (AAC):

Child's home Local Authority e.g. Surrey, Hampshire etc:

Does the child/student have an EHCP?

Pre-School/School / Educational Placement:

National Curriculum Year:

If part time, which days and sessions are attended?

Mon AM, PM / **Tues** AM, PM / **Wed** AM, PM / **Thur** AM, PM / **Fri** AM, PM

Contact Name:

Telephone number:

Email address:

Reason for request:

- 1) What are the Child/young person's needs?
- 2) What advice/support are you seeking via this request?
- 3) What strategies have you already implemented? Educational settings-please attach SEND arrangements.



Hospital involvements:

Name of Hospital:

Name of Consultant:

Other Agencies/Services involved:

All requests for involvement must include:

- For deafness - an audiogram and audiological information.
- For vision impairment - a report from a hospital eye clinic.
- For physical disability - a medical report and/or SEND support plans
- For ACL AAC involvement - the additional ACL information

Request made by:

Name of person making this request:

Designation:

Address:

Email:

Telephone Number:

Details of Parent(s) / Carer(s):

Parent / Carer Name:

Relationship to child/young person:

Parental responsibility? Yes / No

Address

Preferred contact number:

Email address:

Parent / Carer Name:

Relationship to child/young person:

Parental responsibility? Yes / No

Address

Preferred contact number:

Email address:



Parental/Carer Consent:

Consent to process personal data in accordance with Surrey Children, Families and Learning privacy notice. Our full privacy notice can be found on the Surrey website by searching for privacy.

<https://www.surreycc.gov.uk/council-and-democracy/your-privacy/our-privacy-notice/children-families-lifelong-learning-and-culture>

Parent's/Carer's signature(s):

Print name:

Please check the following before sending, omission of reports may delay processing of your request:

- Parent/Carer signature?
- Relevant medical reports attached?
- SEND support arrangements attached?

Please ensure that all referrals are sent via secure email to: Business Support:
pssbs@surreycc.gov.uk

Or by post to: Physical & Sensory Support, Quadrant Court, 35 Guildford Rd,
Woking, Surrey, GU22 7QQ