**GOLDEN HILL INCLUSION SUPPORT TEAM**

**(GHIST)**

# **GHIST Request for Support form 2023- 2024**

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| **Name of School:** | **School Number:** |
| **School Address:** | **Contact Number:** |
| **Headteacher:**  **SENCO:**  **Class Teacher:**  **Class/1:1 Teaching Assistant:** | **Email address:** |
| **Name of child:** | **UPN No:** |
| **D.O.B.** | **School Year:**  **Attendance:**  **Pupil Premium:** |
| **Home Address:** | **Parent(s) names:**  **Address (if different)**  **Contact Number(s)** |
| **Ethnicity:**  **Home language:** | |
| **CLA:** Yes/No  **SGO:** Yes/No  **CIN/CP: Yes/No**  **CAF/EHA:** Yes/No  **CAF/EHA No:** | **Where is the child on the SEN Code of Practice:** |
| **Written/verbal parental permission:** Yes/No |
| **Date of referral request:** | |
| **Date referral request received at Golden Hill:** | |
| **Summary of concerns:** | |
| **Current support and strategies in place –** (*please include outcomes/impact and what is working well)* | |
| **Any other professionals or agency involvement.**  *E.g. CSC, CAMHS, CANW, SALT- Date of referrals* | **E.P:** Yes/No  **E.P. Name:**  **Type of involvement:** (*EP consultation/ Full cognitive assessment)*  **Report date:**  **Review date if applicable:** |
| **Any medical diagnosis or current investigation:** (*e.g. ASD, ADHD)* | |
| **What type of support are you requesting?** *(e.g. Social skills, anger management)* | |
| **What are you hoping to gain as a result of GHIST support in your setting?**  *(e.g. more settled and focused in class, integrating with social groups, upskilling of staff)* | |
| **Please give details of any additional ‘bespoke’ support you would like and we will try to accommodate your request.** | |

Please email completed request to ghist@goldenhill.lancs.sch.uk

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