**GOLDEN HILL INCLUSION SUPPORT TEAM**

**(GHIST)**

# **GHIST Information and Request for Support form 2025- 2026**

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| **Name of School:** | **School Number:** |
| **School Address:** | **Contact Number:** |
| **Headteacher:**  **SENCO:**  **Class Teacher:**  **Class/1:1 Teaching Assistant:** | **Email address:**  **Email address:**  **Email address:** |
| **Name of child:**  **Male/Female:** | **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:**  **EHCP status (if applicable)** |
| **Written/verbal parental permission:** Yes/No |
| **Date of referral request:** | |
| **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.** | |
| **In submitting this request, I am agreeing to being charged for an initial school visit being held between GHIST and ourselves and other relevant school staff if appropriate to discuss what support is needed and next steps.**   * **Costings: £85 an hour** * **Bespoke support and hours needed are agreed and costed with the school.**   **Head Teacher signature:**  **Date:** | |
| **For Golden Hill to complete only.**  **Start Date of support:**  **End Date of Support:**  **Outcome:**  **12-week GH Referral Placement Dates** (if applicable)  **Start Date:**  **End Date:** | |

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

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