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| **To be completed by Pupil Support teacher in collaboration with appropriate staff, child/young person and parent/carers** | **Insert** **School/****authority logo** |
| **Name of School**  |  |
| **Pupil Name** |  | **D.o.B** |  | **Class** |  |
| **When was the concern concern shared with a member of the Pupil Support team** |  |
| **By whom:** |  |
| **Summary of concerns and discussions:** |
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| **For children, young people and their families Getting It Right for Every Child means:*** They will feel confident about the help they are getting.
* They understand what is happening and why.
* They have been listened to carefully and their wishes have been heard and understood.
* They are appropriately involved in discussions and decisions that affect them.
* They can rely on appropriate help being available as soon as possible.
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| **Pupil involvement:**  During discussions with the pupil consider using the Pupil Questionnaire to establish how they are feeling and their use of strategies. This may also be completed at home with parents/carers | **Date**  |  |
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| **Parental Involvement outcome:** e.g. approaches/strategies used at home, experiences at home, parental support available. | **Date**  |  |
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| **Pupil Support/Education Psychology involvement.** Tick box (✓)  |
| **Date -**  |
| **Advice/Consultation** | **Team Teaching** | **Resources/Materials** | **Other ( please note)** |
|  |  |  |  |
| **Involvement/consultation of partner agencies.** Tick box (✓)  |
| **Date -**  |
| **Advice/Consultation** | **Team Teaching** | **Resources/Materials** | **Other ( please note)** |
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| **Approaches/ strategies used and monitored.**  | **Time Scale** | **Tick if successful ✓** | **How successful were these?** |
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| Support meeting arranged with parent/carer to discuss future planning and action and minutes should be taken. The Holistic Collaborative Assessment Collation Form should be used and an identification of dyslexia may/may not be agreed at this meeting. Supports should be in place irrespective of a formal identification of dyslexia.  | **Date of meeting:**  |  |
| **Additional notes.** |