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| **rHONDDa cynon taf**  **Access and Inclusion Service** |  |
| **ALN SPA (Support, Problem solving & Advice)**  **October 2018** | |

**Please Note:** Failure to complete relevant sections of the application and lack of supporting evidence may result in the application being returned for completion. Return to Access & Inclusion Service, Ty Trevithick, Abercynon, CF45 4UQ. [A&IService@rctcbc.gov.uk](mailto:A&Iservices@rctcbc.gov.uk)

The purpose of this form is to provide Access & Inclusion information on the graduated response given to the child/young person by the school regarding their additional learning needs in order to access additional advice, guidance and/or training as appropriate.

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| **How we use your personal information**  The information on this form (and any additional information attached) will be used by the Access & Inclusion Service to discuss your child and their additional learning needs in line with the Council’s legal duty under Section 321 of the Education Act 1996.  To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice here [[www.rctcbc.gov.uk/serviceprivacynotice](http://www.rctcbc.gov.uk/serviceprivacynotice)](http://www.rctcbc.gov.uk/serviceprivacynotice) and the Councils data protection pages here [www.rctcbc.gov.uk/dataprotection](http://www.rctcbc.gov.uk/dataprotection). |

**SECTION 1: SERVICE REQUIRED**

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| *Please identify which Service you wish to refer to:* | | | | | | | |
| Learning Support (LSS):**** | Hearing  Impaired | Physical Disability/Medical | Learning  Difficulty | Visually  Impaired | Specific Learning Difficulties | Speech & Language Difficulties | Autistic Spectrum Disorder  ASD |
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**SECTION 2: PUPIL INFORMATION**

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| Pupil First Name: |  | | Pupil Surname: | |  | |
| DOB: |  | | Gender: | |  | |
| School: |  | | Mainstream/Learning Support Class: | |  | |
| Year Group: |  | | Age: | |  | |
| Ethnic Group: |  | | Start date: |  | Is the pupil ‘looked after’? | Yes/No (please circle) |
| SEN Code of Practice | School Action |  | School Action + |  | Statemented |  |

**SECTION 3: OVERVIEW OF CONCERNS**

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| What is the current issue that concerns you? |
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| What strategies have already been tried and what were the outcomes? |
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# SECTION 4 : SUPPORTING EVIDENCE

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| Please send any information to support your concerns and the action taken. | Please tick if evidence is included **** |
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**SECTION 5: DECLARATIONS**

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| **Parent / guardian**  I am aware and I understand that my child will be referred to the ALN SPA to discuss his/her additional learning needs.  Please advise the Service if you would like your correspondence in Welsh or English | | | | | |
| Parent / guardian name: |  | | | Parent / guardian signature: |  |
| Date: |  | Additional notes: |  | | |

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| **Headteacher**   * I confirm that the information contained in this form (and any additional information attached) is accurate. * I have made the parent/guardian aware of: * how the personal data will be used to identify additional support if appropriate. * how they can access their information rights and further information via the Data Protection pages of the Council’s website. | | | | | |
| Head Teacher name: |  | | | Head Teacher signature: |  |
| Date: |  | Additional notes: |  | | |