**Referral to Dyslexia Specialist Teacher for Assessment**

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| Name of school: |  |
| Name of referrer: |  |
| Contact: tel no and email: |  |
| Child’s name: |  |
| D.O.B: NC Year: |  |
| Parent contact details: |  |

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| *Please be as thorough as possible and give information covering at least 2 full years.*  | *Please attach evidence for each section.*  |
| **Reasons for concern:**Brief overview of main areas and why you feel an assessment is the correct next step.  |  |
| **Progress and attainment data for at least 2 years:***Please ensure you explain the way you record data.*Reading:Spelling:Writing:Maths:Other: Expected levels for age: |  |
| **Additional information on learning behaviour:**Ability to remain ‘Calm and Alert’ in lessons:Ability to follow instructions:Organisational Skills:Independence and confidence: |  |
| **Quality First teaching:**How have class teachers been adapting teaching to support the needs of the pupil? e.g.* Multisensory teaching
* Accessible texts supported by age-appropriate visual materials
* Differentiated teaching
 |  |
| **Other information about the child:**Are there other difficulties in the child’s life such as bereavement, trauma, bullying or being a young carer?Have other concerns been raised?Could EAL be impacting on learning? |  |
| **Interventions:**Details of the evidence based interventions that have been taught in past 2 years including frequency, duration and impact. |  |
| **Any other outside agency assessments**. If so please append reports e.g. Occupational Therapy, Educational Psychology, Paediatric Assessment, Speech and Language. |  |
| **Any existing diagnosis** e.g. Developmental Co-ordination Disorder, from any other agency Attach reports if available.  |  |

**Parental consent:** I agree that the content of this referral form and appendices can be shared with the LA and the specialist assessor. I understand that this may not lead to an assessment being carried out on my child.

Signed:

Date:

The information submitted will be used to determine the appropriateness of the referral, and you will be contacted to arrange a date if the referral is accepted.