**Referral to Dyslexia Specialist Teacher for Assessment**

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

|  |  |
| --- | --- |
| *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:

Please return completed referral to [maria.blanchard-rowe@southwark.gov.uk](mailto:maria.blanchard-rowe@southwark.gov.uk)

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.