**TARGETED EDUCATION SUPPORT SERVICE (TESS)**

**Request for Service Involvement 2023-2024**

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| **Name of Child/Young Person** |  | **Date of Birth** |  | **Age:** | Yrs Mths |
| **Parent(s)/Carer(s)** |  | **Year Group** |  | **Attendance: %** | |
| **Child Looked After?** | 🞎 Yes 🞎 No  **If Yes – name of Local Authority:** | **If Yes – Social Worker Name** (they need to sign carer permission) |  | **Any previous suspensions**  *(*within the academic year): | |
| **School Staff Involved** |  | **TESS Staff Involved** |  | | |



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| **Name of Setting** |  | | | 🞎 **Has an Early Help been completed? DATE:**  **If yes, please tick and attach. There is no need to repeat information already on the Early Help** |
| **Completed by:**  **Designation:** |  | **Date:** |  |
| **Please sign:** |  | **Email address:** |  | |

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| **Primary Need** | **Additional Need** | **Supporting Evidence** |
| 🞎 Cognition and Learning  🞎 Communication and Interaction  🞎 Sensory and/or Physical  🞎 Social, Emotional, Mental Health | 🞎 Cognition and Learning  🞎 Communication and Interaction  🞎 Sensory and/or Physical  🞎 Social, Emotional, Mental Health |  |

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| --- | --- | --- |
| **Parents/Carers:** | | |
| **What are we concerned about** | **What’s working well** | **Desirable outcomes** |
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| **School:** | | |
| **What are we concerned about** | **What’s working well** | **Desirable outcomes** |
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| **Other Agency Involvement** | **Name of Professional** | **Dates of Involvement** |
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| **The following box MUST be signed before any support can take place. This Request for Service Involvement form will be valid for the entirety of your child’s education at this school. If the child changes schools, then a new Request for Service Involvement will be required but historic reports can be shared.**  **GDPR:**  The Targeted Education Support Service will hold records on your child, including this referral form, reports, file notes and information provided by other Education, Health and Care agencies. This will enable us to access information about our work with your child and to ensure they get the best possible co-ordinated support. This will give us an accurate record of the services that have been involved to support your child. More information relating to this can be found in the attached Targeted Education Support Service Privacy Notice which can be viewed at www.wigan.gov.uk.  **Please sign below to show that you consent to support for your child, from our service, which requires the processing and sharing of personal data in accordance with our Privacy Notice.**  **I agree to the involvement of the Targeted Education Support Service in helping to meet the educational needs of my child.** | | |
| **Parent(s)/Carer(s)**  **Please sign once the form has been populated by school**  **and yourselves.** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**N.B. Please return via secure email to** TESS link teacher **and** [tessadmin@wigan.gov.uk](mailto:tessadmin@wigan.gov.uk) **at least ONE WEEK BEFORE the agreed date of** **visit.**