|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Enquirer:** | | | | | | | | | | | **Date:** | | |  | |
| **Child’s/YP’s Name:** | | | | | | | | | | | **DOB:** | | |  | |
| **Enquirer’s relationship to Child/YP (if not Child/YP):** | | | | | | | | | | | | | | | |
| **Have you any special requests/needs to be able to fully access our service?** | | | | | | | | | | | | **Yes** | | | **No** |
| **Please provide further details if answered ‘Yes’ to the above question:** | | | | | | | | | | | | | | | |
| **Address:**  **Postcode:** | | | | | | | | | | | | | | | |
| **Contact Numbers:** | | **Mobile:** | | | | | | **Home:** | | | | | | | |
| **Email:** | | | | | | | | | | | | | | | |
| **Have you used the SENDIAS service before?** | | | | | | | **Yes** | | **No** | | | | **Unsure** | | |
| **Consent to:** | Enter details on database | | | | | Contact professionals | | | | | Engage in evaluating our  service now or in the future | | | | |
| **Main/Primary SEN:** | ☐ Communication and Interaction (including ASC) | | | | | | | | | | | | | | |
| ☐ Sensory and Physical | | | | | | | | | | | | | | |
| ☐ Cognition and Learning | | | | | | | | | | | | | | |
| ☐ Social, Emotional and Mental Health (SEMH) | | | | | | | | | | | | | | |
| ☐ Other, please provide details: | | | | | | | | | | | | | | |
| **Other/Secondary SEN (Please provide details):** | | | | | | | | | | | | | | | |
| **School/Setting:** | | | | | | | | | | | | | | | |
| **School’s SENDCo:** | | | | | | | | | | | | | | | |
| **District:**☐ **Purbeck** ☐ **North Dorset** ☐ **West Dorset** ☐ **East Dorset** ☐ **Dorchester** ☐ **Chesil (Weymouth & Portland)** | | | | | | | | | | | | | | | |
| **Please tick all that apply:** ☐ **SEN Support** ☐ **EHCP** ☐ **Pupil Premium** ☐ **Other (please state):** | | | | | | | | | | | | | | | |
| **Disability/ies (Please provide details):** | | | | | | | | | | | | | | | |
| **Vulnerability** | ☐ Adopted | | | | | | | | | ☐ Looked After Child | | | | | |
| ☐ Child Protection | | | | | | | | | ☐ Post-Looked After Child | | | | | |
| ☐ Child in Need | | | | | | | | | ☐ Traveller | | | | | |
| ☐ EAL | | | | | | | | | ☐ Young Offender | | | | | |
| **Can you find the answer to**  **your query on our website?** | | | ☐ Yes | | ☐ No | | ☐ Yes, but I would still like to receive advice from Sendiass | | | | | | | | |
| **Reasons for enquiry:** | | | | | | | | | | | | | | | |
| **Reasons for enquiry (cont.):** | | | | | | | | | | | | | | | |
| **Professionals already involved:** | | | | | | | | | | | | | | | |
| ***Office use only:***  **Intervention Level 1 – 4**  **(Currently recorded as subcategory)** | | | | ☐ Level 1  ☐ Level 2  ☐ Level 3  ☐ Level 4 | | | | | | | | | | | |
| ***Office use only:***  **Evaluation Survey sent** | | | | Level 1  ☐ Yes, after signposting/information received by enquirer  ☐ No, as consent not provided by enquirer  ☐ Other, please provide details below:  Levels 2-4  ☐ Yes, after case closed  ☐ No, as consent not provided by enquirer  ☐ Other, please provide details below: | | | | | | | | | | | |
| ***Office use only:***  **Evaluation Survey received** | | | | Level 1  ☐ Yes  ☐ N/A as consent not provided by enquirer  ☐ No, despite follow-up  Levels 2-4  ☐ Yes, after case closed  ☐ N/A as consent not provided by enquirer  ☐ No, despite follow-up | | | | | | | | | | | |

Dorset Sendiass Initial Enquiry Form V1 09052022