**Background Information– CAT & PSS**

|  |  |
| --- | --- |
| **Request Involvement of:-**  **PSS –** Yes  No | **Request Involvement of:-**  **CAT –** Yes  No |
| **I confirm I have obtained Parent Carer** **written and signed consent form and I have attached to the email along with this form.** | Yes  (attached) |

PSS and CAT require the following information in order to be able to work effectively with children and young people in your setting. Please share this information with your CAT specialist or PSS teacher.Where possible this should be done through a conversation and the form completed collaboratively. **\* Indicates priority information, the registration will not be processed if information is missing.**

\***School Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/Setting** |  | | **Date of completion:** |  |
| **SENCO:** | | **DSL(s):** | | |
| **Contact Details:** | | **Contact Details:** | | |

\***Pupil Details**

|  |  |
| --- | --- |
| CYP Name: | Year Group: |
| DOB: | Ethnicity: |
| Preferred Name: | Home Language: |
| Gender: | Class Teacher/Form Tutor: |
| Full Home Address: | Postcode: |

**\*CAT Registration**

|  |
| --- |
| Tick **one** of the following: Autism Diagnosis On Neurodevelopmental Pathway  Social Communication and Interaction  Note: Please attach copies of any relevant medical letters. Social Communication and Interaction Registration to be discussed with CAT with agreed outcomes prior to registration. |

**\*Attendance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance**: \_\_\_\_% | **Full Time** | **Part-Time** | **Not attending** |

**\*Current Identified Needs:**

|  |  |
| --- | --- |
| SEN/D Support:  SEND Support Provision Plan:  EHCP: | |
| Main Area of Need, as identified on the school Census (Please circle):  SPLD MLD SLD PMLD SEMH SLCN HI VI MSI PD ASD DS OTH NSA | |
| LAC/CP/CIP/Early Help  (if yes please complete Safeguarding section below) | Number of Fixed Term Exclusions: |
| Previous Outside Agency Involvement (last 12 months):  EPS  PSS CAT  PDSS  VST  HST  SALT  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Medical Needs: Including any diagnoses, **please attach copies of any relevant medical letters** | |

**Safeguarding (if appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child Protection Plan**  Yes | **Child in Need Plan**  Yes | **Early Help**  Yes |
| **Date Started** |  |  |  |
| **Date Closed** |  |  |  |
| **LAC – Section 20** | Yes  No | **In foster care?**  Does the carer have delegated authority? | Yes  No  Yes  No |

**\*Attainment and Progress**

|  |
| --- |
| **School Tracking Information,** please comment on progress**:** |

**Additional Pupil Information**

|  |  |  |
| --- | --- | --- |
| Universal | Targeted | Specialist |
| What has been tried to meet the pupil’s needs? For how long and by whom? | | |
| What have you learnt about the pupil? What are your concerns?What will the initial focus of involvement be? | | |
| Pupils’ strengths, differences, and aspirations: | | |

Please send this form in Word Document Format along with the signed Parent Consent Form by email to your allocated CAT or PSS.