



Supporting children and young people with special educational needs and disabilities V4.0

Note: Under the terms of the Data Protection Act your details will be kept on file at SOS!SEN and will be available within SOS!SEN. It will not be given to any other person without your express permission.

Volunteer:		Do Not Agree <input type="checkbox"/>	I Agree <input type="checkbox"/>
Date: / /		Time: :	
Following a Phone Call: <input type="checkbox"/> Advice Centre Visit: <input type="checkbox"/> Other:	If Advice Centre tick which one below: Aldershot <input type="checkbox"/> Thornton Heath <input type="checkbox"/> Waterloo <input type="checkbox"/> Hampton Court <input type="checkbox"/> Oxford <input type="checkbox"/> High Wycombe <input type="checkbox"/> Manchester <input type="checkbox"/> Kent <input type="checkbox"/> Worcester Park <input type="checkbox"/> Other:		
Child's Last Name	Child's First Name	Child's Date Of Birth / /	
Caller/Visitor Name	Relationship to Child		
Contact Tel No:	Email Address	Would you like to join our mailing list? You can unsubscribe later. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child's Special Needs: Autism <input type="checkbox"/> Physical Disability <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Dyspraxia <input type="checkbox"/> Dyslexia <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> ADHD <input type="checkbox"/> Down's Syndrome <input type="checkbox"/> Epilepsy <input type="checkbox"/> Anxiety & Depression <input type="checkbox"/> Asthma <input type="checkbox"/> Auditory Processing <input type="checkbox"/> Non Verbal <input type="checkbox"/> PDA <input type="checkbox"/> PTSD <input type="checkbox"/> Hypermobility <input type="checkbox"/> Other Special Needs:			
Has the above been Diagnosed by a Professional – Yes <input type="checkbox"/> No <input type="checkbox"/>		Current Support: SEN Support <input type="checkbox"/> EHCP <input type="checkbox"/> 1:1 Support <input type="checkbox"/> ABA Support <input type="checkbox"/> Action Plus <input type="checkbox"/> Statement <input type="checkbox"/> None <input type="checkbox"/> Other:	
Main Issue(s): SEN Support <input type="checkbox"/> Refusal to Assess <input type="checkbox"/> Refusal to Issue an EHCP <input type="checkbox"/> Dispute Content of EHCP <input type="checkbox"/> Exclusion <input type="checkbox"/> Transport <input type="checkbox"/> Annual Transport Review <input type="checkbox"/> Failure to Deliver content of EHCP <input type="checkbox"/> Transition <input type="checkbox"/> Other:			
Local Authority:			
Current School:		School Type:	
Continue overleaf:			

Reason for Call/Visit (continue on separate sheet if necessary)

Action Taken: (continue on separate sheet if necessary)

Next Action:

Advice Centre Workshop SOS!SEN website 1 to 1 Session Caller/Visitor further action No Action

Other:

Eligible for Legal Aid?

Yes No Don't Know

How did you hear about SOS!SEN

Signature:

Next Step: Enter the information into SOS!SEN CASE NOTE System OR hand this form into the office for input.