



Supporting children and young people with special educational needs and disabilities V5.0

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"/> Birmingham <input type="checkbox"/> Bristol <input type="checkbox"/> Hampton Court <input type="checkbox"/> High Wycombe <input type="checkbox"/> Kent <input type="checkbox"/> Manchester <input type="checkbox"/> Oxford <input type="checkbox"/> Tamworth <input type="checkbox"/> Thornton Heath <input type="checkbox"/> Watford <input type="checkbox"/> Worcester Park <input type="checkbox"/> Waterloo <input type="checkbox"/>		
Child's Last Name	Child's First Name	Child's Date Of Birth / /	
Caller/Visitor First Name	Caller/Visitor Last 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"/>	
EMAIL PREFERENCES: WORKSHOPS <input type="checkbox"/> EVENTS <input type="checkbox"/> NEWSLETTERS <input type="checkbox"/> EVERYTHING <input type="checkbox"/>			
Child's Special Needs: ADHD <input type="checkbox"/> Anorexia <input type="checkbox"/> Anxiety <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Asthma <input type="checkbox"/> Auditory Processing <input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Depression <input type="checkbox"/> Developmental Language Disorder <input type="checkbox"/> Down's Syndrome <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Hypermobility <input type="checkbox"/> Non Verbal <input type="checkbox"/> Oppositional Defiance Disorder <input type="checkbox"/> PDA <input type="checkbox"/> Physical Disability <input type="checkbox"/> PTSD <input type="checkbox"/> Sensory Processing Disorder <input type="checkbox"/> Speech & Language Difficulties <input type="checkbox"/> Vesico-ureteric reflex (VUR) <input type="checkbox"/> Visual Impairment <input type="checkbox"/>			
Other Special Needs:			
Have the above been Diagnosed by a Professional – Yes <input type="checkbox"/> No <input type="checkbox"/>		Current Support: 1:1 Support <input type="checkbox"/> ABA Support <input type="checkbox"/> Action Plus <input type="checkbox"/> EHCP <input type="checkbox"/> Annual Review <input type="checkbox"/> None <input type="checkbox"/> SEN Support <input type="checkbox"/> Waking Day Curriculum <input type="checkbox"/> Other:	
Main Issue(s): Annual Review <input type="checkbox"/> Dispute Content of EHCP <input type="checkbox"/> Exclusion <input type="checkbox"/> Failure to Deliver content of EHCP <input type="checkbox"/> Placement <input type="checkbox"/> Refusal to Assess <input type="checkbox"/> Refusal to Issue an EHCP <input type="checkbox"/> SEN Support <input type="checkbox"/> Transport <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.