**Appendix 3**

## Request for Movement and Coordination Assessment

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| **Pupil Surname** |  | **Pupil UPN** |  |
| **Pupil Forename** |  | **Gender** |  |
| **Date of Birth**  |  | **Year Group** |  |
| **Parents/Carers** |  |
| **Home Address** |  |
| **Home Postcode** |  | **Tel No** |  |
| **Parental e-mail****(if available)** |   |

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| **School** |  |
| **School Postcode** |  | **School Tel No** |  |
| **School e-mail** |  |
| **SENCo** |  | **Class Teacher** |  |
| **Date entered this school** |  | **Previous Term's Attendance** |  **%** |
| **Who has parental responsibility?** |  |  |  |
| Is pupil in receipt of free school meals? | **Yes / No** | Is pupil in CLA system? | **Yes / No** |
| Does the pupil attract Pupil Premium | **Yes / No** | Is pupil EAL? | **Yes / No** |
| Are there any medical conditions that staff working with this pupil needs to be aware of?  | **Yes / No**  | Please state or inform staff: |

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| **Areas of Concern:** **(please highlight)**1. **Gross Motor Skills –** e.g.,balance, ball skills, body awareness
2. **Fine Motor Skills –** e.g., pencil control, letter formation
3. Attention and Concentration
4. Social Skills
5. Organisation
6. Visual Perception Skills
7. Speech, Language and Communication

 | **Describe difficulties:** |

**Do you observe any of these traits?**

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|  | Y | N |  | Y | N |
| Difficulties with organisation (putting shoes and socks on in the wrong order; dressing/undressing slowly; scattered clothes) |  |  | Distractibility (reacting to irrelevant noises; looking around room) |  |  |
| Forgetfulness/hesitancy (forgetting what to do in the middle of a sequence of actions; slow to start complex actions) |  |  | Overactivity (fidgety/squirmy behaviours; fiddling with clothes; constantly moving when listening to instructions) |  |  |
| Passivity (requires a lot of encouragement to participate; hard to engage/interest) |  |  | Overestimation of own ability (doing tasks too quickly; making tasks more difficult) |  |  |
| Timidity/shyness (appears sacred/nervous of activities such as climbing, jumping, etc.; frequently asks for help) |  |  | Underestimation of own ability (anticipating failure before starting; complaining about difficulty of tasks) |  |  |
| Anxiety (appears agitated in stressful/difficult situations) |  |  | Lack of persistence (getting frustrated easily; giving up quickly) |  |  |
| Impulsivity (not paying attention to details; beginning tasks before instructions are finished) |  |  | Easily upset by failure (appearing distressed/unsettled; unwilling to attempt task again) |  |  |
| Inability to get pleasure from success (not responding to praise) |  |  | Other (please specify): |  |  |

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| **Please indicate the pupil's status regarding the SEN Code of Practice (tick box):** |
| No SEN  |   | SEN Support  |  | EHCP |  |

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| **Please indicate services which are or have been involved with the pupil (tick box):** |
| CCD/Autism |  | VI |  | OT |  | School Health |  |
| SALT |  | HI |  | Early Intervention |  | Physiotherapist |  |
| EP |  | MET |  | Stronger Families |  | Paediatrician |  |
| CAMHS |  | GRT |  | Social Care |  | Probation Service |  |
| PRU |  | Other (*please state*)  |

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| **In order to process your request please attach copies of the following reports** (*where relevant)** Pupil's current IEP / Provision Map / Passport
* Most recent reports from other agencies
* Most recent SAT results and Teacher Assessment Levels
* Any recent observations by class teacher / SENCo / Head of Year/ EWS
* Any other reports which may be relevant to support the Referral
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| **Current Attainment:** |
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| **EYFS** |
| **EYFS Learning Goals** | **EYFS Profile/Achievement** |
| Personal, Social and Emotional development |  |
| Physical Development |  |
| Communication and Language |  |
| Literacy |  |
| Mathematics |  |
| Understanding of the World |  |
| Expressive Arts and Design |  |
|  |
| **Key Stage 1 or 2** |
| **Progress & Attainment in learning (please tick)** | **Reading** | **Writing** | **Maths** |
| Significantly below ARE |  |  |  |
| Slightly below ARE |  |  |  |
| In line with ARE |  |  |  |
| Slightly Above ARE |  |  |  |
| Significantly above ARE |  |  |  |
|  |
| **Key stage 3 or 4** |
| **Progress & Attainment in learning** | **English** | **Maths** | **Science** |
| **Level at which student is currently working**  |  |  |  |

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| **Child or young person’s strengths /interests** |

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| Actions already taken to support child/young personPlease give details of the graduated response to this child’s needs used by school/setting, i.e. details of targeted intervention and its impact |

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| This request has been agreed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the Learning Support Team |

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| **NB: In all cases, parental consent must be obtained prior to LST involvement. It is the school's responsibility to obtain this. Please ensure that this has been done before returning this form. All paperwork and written reports are confidential and will be kept safely and securely in line with the General Data Protection Regulations (GDPR) 2018. These will be stored until the pupil reaches 25 years of age and they will then be destroyed.** |
| * I confirm that the parents/carers have given permission for LST involvement (please tick) Yes ⬜ No ⬜
* Parent/carers have also consented to share appropriate information with other professionals within Worcestershire Children First and Child Health Services (please tick) Yes ⬜ No ⬜

Parent/carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of person requesting involvement :** | **Position :** |
| **Signature :** | **Date:** |

This form should be returned to the Learning Support Team, either through Children’s Services Portal, or by post to:

Learning Support Team

Worcestershire Children First
County Hall, Spetchley Road, Worcester, WR5 2NP

lst@worcschildrenfirst.org.uk