

# Low Incidence Needs Team (LINT) Referral Form

Pupil Name:  Date of Birth:  M  F

School/Setting:  Unique Pupil number:

NC Year Group:

Has a CAF been completed (if yes please attach): Yes  No

Children Act (1989) status (if applicable):

Does the child have a statement of SEN/Single Plan? Yes  No

Is your referral for a Hearing or Visual impairment? (Or both?): HI  VI  Both

Does the child have any formal diagnosis? Yes  No  Unknown

If yes, please specify (include details of name of Hospital and Consultant):

Please give a brief description of the impact of these hearing/visual needs (ie reasons for referral):

## Referrer details

Referrer's name:

Setting:

Position (SENCo, class teacher etc):

Contact number:

Email address:

**Please return this form including completed Parental Consent Form overleaf to:**

SENIT Business Support Team, Gateshead Council, Dryden Centre, Evistones Road, Gateshead NE9 5UR

**Or by email to:** [SENITsupportteam@gateshead.gov.uk](mailto:SENITsupportteam@gateshead.gov.uk)

If you have any queries, contact the team of 0191 433 8513.

# Low Incidence Needs Team (LINT) Parental Consent Form

## Name(s) of Parents(s)/Person(s) with Parental Responsibility

### Person 1

Title  Forename  Surname   
Contact number   
Address   
Postcode  Email   
Relationship to child

### Person 2

Title  Forename  Surname   
Contact number   
Address   
Postcode  Email   
Relationship to child

I have had the opportunity to discuss my child's progress and any needs that they may have in relation to their learning with their school.

I am happy that the school make a referral to the Special Educational Needs Improvement Team (SENIT).

I understand the information recorded on this form and that it will be stored and used only for the purpose of providing service to myself, or a child for whom I have parental responsibility.

I agree to the information on this form being shared with other people/services.

If you do not agree to this information being shared, please state who it can not be shared with:

Do you have any specific concerns about your child that you wish to tell us about?

Signed:  Name:

Date:

**Any enquiries can be made to: SENIT Business Support Team, Dryden Centre, Evistones Road, Gateshead NE9 5UR. Tel no: 0191 433 8530**