

Low Incidence Needs Team (LINT) Parental Consent Form

Name(s) of Parent(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 and any LINT reports will be shared with schools/settings
- 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 have attached my child's reports/hospital notes.

To comply with GDPR legislation please ensure you have parent/carer permission to share information. Please tick the agencies LINT has permission to share information with.

I agree to the information about my child being shared with the following people/services as and when appropriate. These may include, for example, reports and verbal discussions for the benefit of my child.

- | | |
|---|--|
| <input type="checkbox"/> Hospital (ENT/Audiology/Ophthalmology/Child Development Clinic/Paediatricians) | <input type="checkbox"/> Educational Psychology |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Behaviour Support Services |
| <input type="checkbox"/> Social Care – Children with Disabilities Team | <input type="checkbox"/> High Incidence Needs Team |
| <input type="checkbox"/> Early Years Inclusion and Assessment Team | <input type="checkbox"/> Speech and Language Therapy |
| <input type="checkbox"/> Adult Services (at Transition) | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Health Visitor | <input type="checkbox"/> School Nurse |

Please note: You have the right to withdraw consent at any time by contacting:

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

or by email to callumsammons@gateshead.gov.uk

Tel no: 0191 433 8763