

Referral Form- Teacher of the Deaf (QToD) - children and young people who are deaf or hard of hearing

Please email the referral to: qe2referral@qe2cp.westminster.sch.uk

Name of Child/Young Person		Date of Birth					
School/Nursery Name		SENCO Contact Details					
Year Group		Ethnicity					
Name of parent/Carer		Home Address					
Parent/Carer phone number(s)		Borough of Residence					
Email details of parent/carers							
Hearing Level							
SEN Status	No SEN	SEN Support	EHC Plan				
Causes for concern							
Please attach a current audiogram (if available) or provide information	Date of audiogram: Please indicate if information was provided via: insert headphones/soundfield						
		250dBA	500dBA	1000dBA	2000dBA	4000dBA	8000dBA
	Right Ear						
	Left Ear						
	Bone Conduction						
Support required from Teacher of the Deaf QToD	<i>Please describe the input required from specialist teacher (observation, advice, target setting, modelling approaches etc.)</i>						
Does the Child use hearing equipment? If so, please give details							
Other referrals/assessments completed or in process							
Other agencies/ professional involved - SALT, EP, CAMHS, OT							
Form completed by: (including your role)							
Date							

Parent/Carer/Young Adult (18+) Consent Form

Name of the Child/Young Person	
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We request your permission to refer your child (or yourself if you are 18+) to the Bi-borough Inclusion Service and to be observed by a Qualified Teacher of the Deaf (QTOD).

Information sharing permission:

I understand and give my consent to the following:

- The advisory teacher/QToD may speak with relevant healthcare, education and local authority professional staff regarding my child or myself
- The advisory teacher/QToD may share reports with other relevant professionals
- I may withdraw my consent for my child or myself to receive QToD services at any time
- I will be notified by the advisory teacher/QToD before my child/myself is referred to another service or discharged from this service.
- Medical files about my child or myself will be stored electronically and confidentially.

****Please tick here if the child or young person being referred is also known to have a vision impairment. This will give permission for our QTMSI (Qualified Teacher for Children with Multi-sensory Impairment) to visit.**

Please sign below to give your consent (must be a parent/carer if under 18)

Name of parent/carer/young person if over 18	
Contact details	
Signature of parent/carer/young person if over 18	

Please tick both boxes below if you give permission for your child being photographed/filmed

I/we agree to photographs/videos to be taken and viewed only by the school and Bi-borough Inclusion Service	
I/we agree to photographs/videos to be taken and viewed for training purposes (to be viewed by external professionals and parent/carer groups)	