

High Incidence Needs Team (HINT) Parental Consent Form

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

Title Forename Surname

Contact number

Address

Postcode

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:

What are the main outcomes you hope our intervention will achieve? For example, improve your child's independence, confidence?

Signed:

Name:

Date:

Any enquiries can be made to SENIT Business Support Team, Dryden Centre, Evistones Road, Gateshead, NE9 5UR. Tel: 0191 433 8530. Email: SENITsupportteam@gateshead.gov.uk