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## IYR

### TORBAY LOCAL AUTHORITY

**In Year Request for change of educational provision**

**Name of Child: Date of Birth:**

**Year Group:**

**School currently attending:**

Please complete this form and return to [SENDMonitoring@torbay.gov.uk](mailto:SENDMonitoring@torbay.gov.uk)

**Choice of School**

What is your alternative educational provision for your child? *(Please write below)*

Parent/Carer Name:

Parent/Carer Signature:

Dated:

Name of professional:

School Signature:

Dated:

**To be completed by the SENCO and parent/carer *(type in boxes to expand)***

|  |  |
| --- | --- |
| Child/young person’s Primary Area of Need: |  |
| Summary of child/young person’s needs: |  |
| Top up allocation in school and summary of level of provision required: | (100 words max) |
| Date of last Educational Psychology assessment *(please attach):* |  |
| Attainment over the last year: | *(example Autumn, Spring, Summer)* |
| Reasons for the change: | (100 words max) |

Please attach this to the Child/Young person’s Annual Review and any other updated professional reports, e.g. SALT, pediatrician, EP and any social care reports or plans, CAMHS etc.