Gateshead Council

educationGateshead
raising achievement for all

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 Single Plan (EHCP)? 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: LINTEnquiries@gateshead.gov.uk
If you have any queries, contact the team of 0191 433 8763.

1973a-JH-Nov20