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Literacy Solutions
Sara Graham
Dyslexia Consultant

REQUEST FOR SERVICES

Name of establishment requesting intervention: _____

Lead Professional Name/ Designation: _____

Request for dyslexia assessment/ Irlen Screening/ Exam Concessions/ specialist intervention/
consultancy/ staff CPD* delete as appropriate

Number of days/ assessments/ hours requested* delete as appropriate _____

Learner Details

Name: _____ D.O.B: _____ Age: _____ Curriculum Year: _____

Information requested below can be provided in an alternative format and additional sheets can be used as necessary.

Areas of Concern:

Background Information: eg developmental delays, reports from other professionals, school reports, notes made by school staff, information from parents regarding family history/ coexisting conditions and details of any medication.

Interventions prior to this request: eg differentiation, group/ individual withdrawal with teacher/ TA, computer based intervention programme, outside agency involvement.

Any other information relevant to support this request. (Please use a separate sheet).

Please note that at times it is necessary for us to operate a waiting list system.