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| **Dyslexia Assessor Group referral form** |
| Please complete as fully as possible and send to #HR Advisory Team |
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| Rank, name and collar number:  |  |
| Contact details: |  |
| Job role, location and length of service: |  |
| PDU Trainer/Assessor Name: |  |
| Have you had any previous assessment, screening or diagnosis of any learning difficulty, including dyslexia? *(If yes, please give details of when and by whom, and, attach any relevant documents or reports with this referral)* |
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| Please provide details of the difficulties you are having in the workplace and why you would like a workplace assessment. |
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| Do you have any specific needs in order to facilitate an assessment meeting? *(For example – disability, travel, childcare, confidentiality…)* |
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| Is your supervisor aware of this referral?  | Choose an item. |
| Are you happy for your supervisor to be contacted and/or informed? | Choose an item. |
| If ‘yes’, please include their name, rank, collar number and most appropriate contact telephone number. If ‘no’, your supervisor WILL NOT be informed of this referral unless there are significant risks to yourself, the public or the organisation, due to your role: |
| Rank, name & collar no.: |  | Contact number: |  |

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| FOR ADMINISTRATION PURPOSES ONLY, DO NOT COMPLETE BELOW THIS LINE |
| Date referral received: |
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| Officer allocated and date: |
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| Date of initial meeting: |
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| Date of Quickscan, URN and result (attach Quickscan documents to personal file): |
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| Date of Studyscan and result (attach Studyscan documents to personal file): |
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| Date of WPA (attach WPA documents to personal file): |
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| Date of visual stress test and result: |
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| Date of Supervisor contact: |
|  |
| Dates of Coping Strategy Training (attach CST documents to personal file): |
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| Date of follow-up letter: |
|  |
| Date of DAG process closure: |
|  |
| Additional comments/notes: |
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