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***Anghenion Dysgu Ychwanegol***

***Ffurflen Cyfeirio Rhiant / Gofalwr Oed Ysgol***

**Additional Learning Needs**

**School Age Parent / Carer Referral Form**

*Mae'r ffurflen atgyfeirio yma i chi rannu gwybodaeth gyda'r ysgol a / neu'r Awdurdod Lleol os ydych yn meddwl y gallai fod gan eich plentyn gyda anghenion dysgu ychwanegol, a bod angen darpariaeth dysgu ychwanegol (DDY) arno/hi.*

*Bydd y ffurflen atgyfeirio yma yn cychwyn y broses o ‘ystyried’ ADY gan yr ysgol. Gellir ddod o hyd i wybodaeth am y broses yma ar y wefan conwy.gov.uk, neu mae gwybodaeth ar gael gan ysgol eich plentyn.*

*Sylwch: mae'r ffurflen yma ar gyfer plant 3-15 oed sydd yn mynychu’r ysgol NEU 5-15 oed ac yn derbyn addysg gartrefol ddewisol. Defnyddiwch y ffurflen Blynyddoedd Cynnar ar gyfer plant 4 oed ac iau ac nad ydynt yn mynychu'r ysgol* ***neu'r*** *ffurflen Person Ifanc os ydych chi'n 16 oed neu'n hŷn.*

This referral form is for you to share information with the school and/or Local Authority when you think that your child may have additional learning needs and requires additional learning provision (ALP).

This referral form will start the school ALN ‘consideration’ process. Information on the process can be found online at conwy.gov.uk or leaflets are available from your child’s school.

Please note: this form is for children aged 3-15 and in school OR aged 5-15 and electively home educated. Please use the Early Years form for children aged 4 and under and not attending school **or** the Young Person’s form if you are 16 or over.

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| ***Manylion fy mhlentyn /* My child’s details** | |
| ***Enw llawn fy mhlentyn:***  **My child’s full name:** |  |
| ***Mae fy mhlentyn yn hoffi cael ei adnabod fel:***  **My child likes to be known as:** |  |
| ***Dyddiad geni fy mhlentyn:***  **My child’s date of birth:** |  |
| ***A yw fy mhlentyn yng ngofal Awdurdod Lleol?***  **Is my child in the care of a Local Authority?** | *Ydy* / Yes  *Na* / No  *Enw'r Awdurdod Lleol* / Name of Local Authority: |
| ***Enwau rhieni / gofalwyr:***  **Parents’/Carers’ names:** |  |
| ***Cyfeiriad Cartref gan gynnwys cod post:***  **Home Address including post code:** |  |
| ***Rhif (au) ffôn:***  **Phone number(s):** |  |
| ***Cysylltwch ag e-bost:***  **Contact e-mail(s):** |  |
| ***Cyfrifoldeb rhieni:***  **Parental responsibility:** | *Ydy* / Yes  *Na* / No |
| ***Fy hoff iaith i gyfathrebu yw:***  **My preferred language of communication is:** |  |
| ***Y dull cyfathrebu a ffefrir gennyf yw:***  **My preferred method of communication is:** | *E–bost* / E-mail  *Post* / Post |
| ***Manylion addysg* / Education details** | |
| ***Enw'r ysgol y mae fy mhlentyn yn ei mynychu ar hyn o bryd:***  **Name of the school my child is currently attending:** |  |
| ***Blwyddyn mae fy mhlentyn ynddo:***  **The year group my child is in:** |  |
| ***Mae fy mhlentyn yn cael addysg gartref ddewisol:***  **My child is electively home educated:** | *Ydy* / Yes  *Na* / No |
| ***Gwybodaeth a thystiolaeth /* Information and evidence** | |
| ***Rhowch ddisgrifiad o anghenion eich plentyn* / Please provide a description of your child’s needs** | |
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| ***Pam yr hoffech i'r ysgol / Awdurdod Lleol ystyried a oes gan eich plentyn anghenion dysgu ychwanegol?* / Why would you like the school/Local Authority to consider whether your child has additional learning needs?** | |
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| ***Rhowch fanylion unrhyw asiantaethau sy'n ymwneud â'ch plentyn ar hyn o bryd***  **Please provide details of any agencies currently involved with your child** | |
| |  |  |  | | --- | --- | --- | | ***Enw***  **Name** | ***Asiantaeth/Proffesiwn* Agency/Profession** | ***Manylion cyswllt***  **Contact Details** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| ***Datganiad* / Declaration** | |
| |  | | --- | | *Rydw i / Rydyn ni'n rhoi caniatâd i'r wybodaeth yma gael ei rannu â staff yr ysgol a Llywodraethwyr fel sy'n briodol er mwyn ein helpu i ymateb i'r atgyfeiriad hwn.*  I / We give permission for this information to be shared with school staff and Governors as appropriate in order to help us to respond to this referral. | | *Rydw i / Rydyn ni'n rhoi caniatâd i'r wybodaeth yma gael ei rannu gyda'r panel cymedroli anghenion dysgu ychwanegol amlasiantaethol fel sy'n briodol er mwyn ein helpu i ymateb i'r atgyfeiriad hwn*.  I / We give permission for this information to be shared with the multi-agency additional learning needs moderation panel as appropriate in order to help us to respond to this referral. |   \**Os na fyddwch yn cydsynio i'r wybodaeth yma gael ei rhannu, byddwch yn ymwybodol efallai na allwn brosesu'r atgyfeiriad hwn.*  If you do not consent to this information being shared please be aware that we may be unable to process this referral. | |
| ***Dyddiad chwblhau:***  **Date form completed:** |  |
| ***Llofnodwyd:***  **Signed:** |  |
| ***Enw print:***  **Print name:** |  |