

GENERIC REFERRAL FORM
(for specialist provision and placements)

(Updated August 2014)

Pupil details

Surname (capitals)					Forename(s)				
Date of Birth					Sex				
Age at point of referral					Current NC Yr				
Pupil UPN									
Address (where currently living)									
Postcode					Home Tel No				
Home Language 1					Ethnicity				
Home Language 2									
Is this pupil 'Looked After'? Yes / No <i>delete as appropriate</i>									
If 'Looked After', name of Authority									
Name of Social Worker:									

Parent / Carer details

Full name(s) of all persons with legal parental responsibility / carers (with addresses if different) and relationship to the pupil.

Surname				Forename(s) / Initials					
Title				Relationship to child					
Parental Responsibility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Court Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Address if different from pupil's.								
Post Code					Telephone				

Pupil Name:

OFFICIAL SENSITIVE [PERSONAL]

This referral must be discussed with the person[s] with legal parental responsibility.

Is a parental view form attached YES/NO

Any other comments:

I confirm that I am the person with legal parental responsibility and I approve the referral.

Signed

Date.....

If a placement in specialist provision is offered and accepted, the local authority transport policy will apply. Pupils will only be offered transport to school if their home address is further than the statutory walking distance of 3 miles from the specialist provision (2 miles for pupils under the age of 8 Years.)

Should an offer of transport be made, the specialised transport team will require the following information:

What is your child's level of mobility?

- Fully mobile
- Uses a walker
- Uses a buggy
- Uses a wheelchair
- Uses an electric wheelchair

If your child is a wheelchair user, are they able to transfer to a seat in a vehicle or will they need to travel in their wheelchair?

- Will be able to transfer
- Will travel in their wheelchair

Is there any further information about your child's special educational needs or mobility that will help us to provide appropriate home to school transport?

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OFFICIAL SENSITIVE [PERSONAL]

SEN Stage

School Action Plus	Start Date
SEN Support	Start Date
EHC Assessment started	Start Date
Education, Health and Care Plan	Date of Plan.....
Statement of SEN	Date of Statement.....

Last/Current School/Setting Attended (with dates starting with the most recent.)

All Previous Schools/Setting Attended prior to the above (with dates starting with the most recent.)

List any previous referrals to alternative or specialist provision (with dates starting with the most recent.) This may include referrals to outreach services, PRUs etc.

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Please identify that SEN Placement you are referring to. TICK ONE ONLY

<p><u>Maintained local authority provision</u></p> <p>For the placements listed <u>below only</u>, please send the completed referral to: Elaine Paget, Business Support Officer Children & Young People's Services, Education & Learning, Suffolk County Council Endeavour House Russell Road Ipswich IP1 2BX</p>		<p><u>Maintained local authority provision –</u></p> <p><u>For Ipswich PRUs only,</u> please send the completed referral to: Business Support – Social Inclusion Inclusive Services Gold Block Floor 4, Endeavour House Russell Road Ipswich IP1 2BX</p>	
Dyslexia [SpLD] In Centre		<p>Ipswich PRUs:</p> First Base <input type="checkbox"/> Alderwood <input type="checkbox"/> St Christopher's <input type="checkbox"/> Parkside <input type="checkbox"/> Westbridge <input type="checkbox"/>	
Dyslexia [SpLD] Outreach			
Specialist Support Centre [SSC]		<p><u>Bury PRUs only,</u> please send the completed referral to: Business Support - Social Inclusion Inclusive Services West Suffolk House Weston Way Bury St Edmunds IP33 3YU</p> <p>Bury PRUs:</p> First Base <input type="checkbox"/> Kingsfield <input type="checkbox"/> Mill Meadow <input type="checkbox"/> Hampden House <input type="checkbox"/> Albany <input type="checkbox"/>	
MLD Special School			
Specialist Assessment Nursery SLD			
SLD Special School			
Specialist Assessment Nursery PD (Thomas Wolsey)			
PD Special School (Thomas Wolsey)		<p><u>Lowestoft PRUs only,</u> Please send the completed referral to: Business Support – Social Inclusion Inclusive Services Adrian House Alexandra Road Lowestoft NR32 1PL</p>	
Specialist LSA Scheme for pupils with profound and/or complex medical difficulties			
Hearing Impaired Unit			
Speech and Language Unit			
Other (please specify):			

Pupil Name:

OFFICIAL SENSITIVE [PERSONAL]

Reason for referral

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Expected outcome[s] for the pupil?

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Detail what actions, interventions and/or preventative strategies have been deployed or utilised prior to this referral in chronological order last first.

Date[s]	What strategy or approach was deployed or utilised?	Comment on the level of success achieved?

Please list the Fixed Term and Permanent Exclusion history details in chronological order starting with the most recent first.

Date(s)	Primary Reason for Exclusion	Comments

Pupil Name:

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Attendance, please give details of sessions (i.e. ½ days) attended

Number of sessions attended in current academic year: Actual
 Possible
 Number of unauthorised sessions

Number of sessions attended in the previous full academic year Actual
 Possible
 Number of unauthorised sessions

Add any additional comments re. the pupil's attendance history, any reasons for poor attendance etc.

State if any other agencies are involved with this pupil and / or family and provide details of agency's Key Worker and telephone number.

	Key Worker Name	Contact Details	Currently Involved Yes / No	
CAMHS			<input type="checkbox"/>	<input type="checkbox"/>
Targeted Youth Support Service			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Social Care			<input type="checkbox"/>	<input type="checkbox"/>
Youth Offending Team			<input type="checkbox"/>	<input type="checkbox"/>
Integrated Team			<input type="checkbox"/>	<input type="checkbox"/>
Other[s] please list below;			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Pupil Name:

OFFICIAL SENSITIVE [PERSONAL]

Additional information

Any other supportive information you wish to add, (e.g. any child protection concerns and / or relevant family background information) or any further additional comments the referrer wishes to make.

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Referrer details

Forename	
Surname	
Designation	
School or Service	
Address	
Telephone Number	
Email address	
Date	
Signed	

OFFICIAL SENSITIVE [PERSONAL]

Please tick the appendices included with this referral form:

Only include the relevant sections to support this referral:

- Appendix 1 – Physical skills
- Appendix 2 – Vision and Hearing
- Appendix 3 – Speech, Language and Communication
- Appendix 4 – BESD
- Appendix 5 – Attention, Motivation and Engagement
- Appendix 6 – Social Communication Difficulties / ASD

Pupil Name:

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- Appendix 7 – Health

This referral needs to be supported by additional evidence. Only include reports completed in the last 18 months.

- One Page Profile /Pupil View Form
- Parent/carers views
- Attainment data OR
- Early Years Foundation Profile
- Adviser Learning Support SEN/ Sensory / Communication
- Any medical diagnoses documentation
e.g. a diagnosis of ASD.
- Evidence of attainments/progression including information about target setting,
interventions and monitoring arrangements. This may be recorded in IEPs, ILPs
Behaviour Support Plans and/or PSPs.
- Early Years/Portage Reports
- Copy of Statement/EHC Plan and Annual Reviews
- County Inclusive Resource
- Educational Psychologist
- Health
- Permanent Exclusion Paperwork
- Social Care