| PERSONAL DETAILS | | | | | |
| --- | --- | --- | --- | --- | --- |
| Child’s name | | | | | |
| Year Group: | | Date of birth: | | Male / Female | |
| Current Setting: | | | | | |
| SEN status: | | | | | |
| Does the child have Top Up? If so, how much? | | | | | |
| Is an EHC plan being initiated? | | | Yes/No | | Date: |
| Medical Information |  | | | | |
| Referral Date |  | | | | |
| LAC: | | FSM: | | Ethnicity: | |

| EARLY YEARS TEACHER ASSESSMENT INFORMATION | | |
| --- | --- | --- |
| PSE: | C&L: | PD: |
| Reading: | Writing: | Maths: |

| TEACHER ASSESSMENT INFORMATION | | |
| --- | --- | --- |
| Reading: | Writing: | Maths: |

| ATTENDANCE TO DATE | |
| --- | --- |
| Possible: | Actual: |

| EXCLUSIONS | | | |
| --- | --- | --- | --- |
| Is the child currently at risk of exclusion? | | Yes / No | |
| Date | No. of days | Reasons | Next steps |
|  |  |  |  |
|  |  |  |  |

| PARENT/CARER AGREEMENT | | |
| --- | --- | --- |
| I/We confirm that I am/we consent to this referral being made.  I/We understand that all information submitted with this referral will be shared at panel so a decision can be made about next steps.  I/We understand that this referral is for outreach support only and does not guarantee my child a place within the specialist resource base**.** | | |
| Name | Signature | Date |
|  |  |  |
|  |  |  |

| SCHOOL/SETTING AGREEMENT | | | | |
| --- | --- | --- | --- | --- |
|  | Name | Signature | Date | Email |
| Head Teacher |  |  |  |  |
| SENDCo |  |  |  |  |
| Class teacher |  |  |  |  |

| Areas of need | Range | Strengths (including hobbies and interests): | Difficulties |
| --- | --- | --- | --- |
| Communication and Interaction |  |  |  |
| Cognition and Learning |  |  |  |
| Social, Emotional and Mental Health |  |  |  |
| Sensory and / or Physical needs |  |  |  |

| BARRIERS TO LEARNING (please highlight all relevant needs) | | | |
| --- | --- | --- | --- |
| Language processing (response time) | Attention seeking (adults and peers) | Self-Harm | Fine/Gross motor-skills |
| Expressive language (word finding, order, sentence structure) | Sexualised language/  behaviours | Emotionally vulnerable/self esteem | Medical condition |
| Receptive language (understanding) | Controlling behaviours | Obsessive/compulsive | Physical self-care |
| Social Skills/Interaction/Friendships | Defiance to adults | Anxiety/depression | Personal care |
| Difficulties following instructions/Listening/Attention | Aggression | Over dependence on adults | Organisation |
| Difficulties sharing/taking turns | Unpredictable | Parenting/home life | Sensory |

| REFERRALS | | |
| --- | --- | --- |
| Agency | Date of referral | Contact information |
| Educational Psychologist |  |  |
| Social Care |  |  |
| Children and Young People Service |  |  |
| Early Help |  |  |
| Youth Justice |  |  |
| SALT |  |  |
| School Nurse/Paediatrician |  |  |
| Emotional Resilience |  |  |
| Specific intervention |  |  |
| Portage |  |  |
| Early Bird |  |  |
| Occupational Therapy |  |  |
| Physiotherapy |  |  |
| Continence Service |  |  |

**BEHAVIOUR MANAGEMENT STRATEGIES**

| **Strategy** | **Describe how the strategy was implemented and any outcomes** |
| --- | --- |
| **Involvement of parents** |  |
| **Allocation of key worker** |  |
| **Assessment of special educational needs** |  |
| **Individual behaviour plan** |  |
| **Advice from Educational Psychologist** |  |
| **Internal exclusion** |  |
| **Support from teaching assistant (1:1, sessions duration)** |  |
| **Portage** |  |
| **Other** |  |

| Reason for Referral: |
| --- |
|  |

**THE FOLLOWING DOCUMENTATION *MUST* BE COMPLETED BY THE HEADTEACHER / SENDCO / OR RELEVANT ALTERNATIVE PROVISION AND THE FOLLOWING PAPERWORK INCLUDED WITH THE REFERRAL:**

| Provision Maps (2 Terms) |  |
| --- | --- |
| Minutes From Early Help Meetings (If Appropriate) |  |
| Action Plans or IEP |  |
| Early Years Profile |  |
| Report From EP or Early Years Team |  |
| EHCP (If Applicable) |  |
| Risk Assessment / Positive Handling Plan |  |

**PLEASE RETURN THIS FORM AND ALL THE REQUIRED DOCUMENTATION AT LEAST 7 DAYS BEFORE PANEL MEETING TO** [**adocherty@hebburnlakes.co.uk**](mailto:adocherty@hebburnlakes.co.uk) **or** [**ahearn@fellgate.s-tyneside.sch.uk**](mailto:ahearn@fellgate.s-tyneside.sch.uk)

**PANEL MEETINGS WILL TAKE PLACE THE FIRST WEDNESDAY OF EVERY MONTH EXCEPT SEPTEMBER.**

**All information will be shared at panel and a decision sent to school within 7 working days. If the referral form is not fully completed it will not be considered at panel.**

**Please note this referral does not guarantee the child a place within a specialist resource base.**