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|  |
| **Date of Referral:** |  |
| **Student Name:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Home Address:** |  |
| **Post Code:** |  |
|  |
| **Parent/Carer Names:** |  |
| **Telephone Numbers:** |  |
|  |
| **Person making referral:** |  |
| **Telephone Number:** |  |
| **Organisation/Self:** |  |
|  |
| **Please provide any relevant medical information:** |
|  |
| **Please indicate the journey that the student wants to learn, including day and time:** |
|  |
| **Please use this space to provide further details or give further information you may feel is relevant:** |
|  |

**REFERRAL QUESTIONNAIRE**

 **MORE INFORMATION:**

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| **Are there any physical or health problems that may restrict their ability to travel independently?** |
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| **Are there any communications difficulties?** |
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| **Do they have any sensitivities to noises, smells or crowds?** |
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| **Is this person independent in school/college?** |
|  |
| **Do they walk anywhere unescorted such as to the shops, relatives, friends or social activities?** |
|  |
| **Have they travelled with anyone, or with support, on public transport such as a bus or train?** |
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| **Have they travelled alone on public transport such as a bus or train?** |
|  |
| **Is there anything else that the Independent Travel Team need to be aware of?** |
|  |
|  |

**Please return completed form to:**

**SEN Team, Belmont House, Rectory Lane, Guisborough TS14 7FD**

**Email Address: SEN@redcar-cleveland.gov.uk**

**April 22**