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**Referral Planning Meeting**

To be completed by the lead person. If a request for statutory assessment is to be made this form should be sent with the EHC request form (SA1) and the Early Help Assessment (if applicable).

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| **Child / Young Person** |
| **Forename(s):** |  | **Surname:** |  | **DOB:** |  |
| **School/Education Provider:** | **Year Group:** |
| **Date of meeting:** |  | **Time of meeting:** |  | **Venue:** |  |
| **People Present at the Meeting & People Involved with the Child / Young Person or Family** |
| **Name** | **Role & Contact Details** | **Present / Apologies** |
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| **Please provide brief details of the concerns raised that have instigated the Referral Planning Meeting (RPM). How are these concerns affecting the child’s/young person’s education?** |
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| **Other Possible Barriers to the Child/Young Person’s Learning – Other agencies/services/parents** *(Please make clear which service/agency or parents have raised each issue)* |
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| **Please outline your SEN Support Plan, along with the Assess, Plan, Do, Review plan in place.** |
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| **Please record any other main points of discussion, including what you hope to achieve by the issue of an Education Health Care Plan for the child/young person and any suggested outcomes and provision.** |
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| **Professionals Involvement / Reports / Assessments:***(for each service / agency please state last involvement – and report / assessment date)*  |
| **Service / Agency Name:** | **Report:** | **Date of Report:** | **Update Required:** |
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| **Agreed Further Action:***(Are all agencies and services doing everything they can in order to support the child / young person and their family)* |
|  | **Action:** | **Whom:** | **By When:** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **Review:** Is there a review date for the above action(s) to be followed up by services and agencies, or actions to be undertaken? |
| **Date:** |  | **Time:** |  | **Venue:** |  |
| **Referral:***(Is there a consensus that there are barriers that will hinder the potential learning for the child / young person, and all services and agencies have undertaken everything possible within their resources to meet the need)* |
| **Yes to Refer:** | Please see guidance regarding other documentation that needs to be submitted, in addition to those documents / assessment mentioned above | **Not to Refer:** | Use this document to inform monitoring and review. Possibly complete Early Help Assessment if required to access other universal services |
| **Signed by the Responsible Body:** |
| **Name:****Position:** |  | **Signature:** |  |
| **Date:** |  |

**Please submit this form within 5 days to the SEN Team**

SPECIAL EDUCATIONAL NEEDS SERVICE, BELMONT HOUSE, RECTORY LANE, GUISBOROUGH, TS14 7FD

 VIA SECURE EMAIL TO: SEN@redcar-cleveland.gov.uk