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| **Referral Form for**  **Hospital and Community Teaching Support**  **Students with EHCP only** |

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| **Referral Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Referral | |  | | | | | | | Previous Referral Dates | | | | | | | | | |  | | | |  | | |
| Referrer Name | |  | | | | | | | Referrer Role | | | | | | | | | |  | | | | | | |
| Referrer Email | |  | | | | | | | Referrer Contact Number: | | | | | | | | | |  | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pupil’s name | | | | | | Date of Birth | | | | | | | NCY | | | | | | School | | | | | | |
|  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Broad area  of need – *please indicate what range you consider the child is using ranges document i.e., 4i/4ii* | Communication and Interaction | | | | | | | | | | | | | |  | | | | | | | | | | |
| Cognition and Learning | | | | | | | | | | | | | |  | | | | | | | | | | |
| Social, Emotional and Mental Health Difficulties | | | | | | | | | | | | | |  | | | | | | | | | | |
| Sensory and/or Physical Needs | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Primary Need | SPLD | | MLD | SLD | | | | PMLD | | SEMH | | SLCN | | HI | | VI | | MSI | | | PD | ASD | | | OTH |
| *Please indicate what is the child’s primary need* |  | |  |  | | | |  | |  | |  | |  | |  | |  | | |  |  | | |  |
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| Religion | |  | | | | | | | Learner’s first language | | | | | | | |  | | | | | | | | |
| Home Address: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Current Early Help | | Yes | | | | | No | | Current Child in Need | | | | | | | | | | Yes | | | | | No | |
| Current Social Care | | Yes | | | | | No | | Current Child Protection Plan | | | | | | | | | | Yes | | | | | No | |
| Child in our Care | | Yes | | | | | No | | Disability Social Worker | | | | | | | | | | Yes | | | | | No | |
| Siblings (initials only): *learner’s position in family* | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Early Help/Social Worker Name | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Parent/Carer Name | |  | | | | | | | Relationship to child | | | | | | | | | |  | | | | | | |
| Contact Numbers | |  | | | | | | | Email: | | | | | | | | | |  | | | | | | |
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| **Education Health and Care Plan** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Last Annual or Interim Review | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **Please indicate paperwork included with referral: *failure to provide relevant documents may result in referral being returned.*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| EHCP | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Costed Provision Map\* *(must be included for high needs funding requests)* | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Personal Education Plan (PEP) if Child in our Care | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Professional reports | | | | | | | | | | | | | | | | | | | |  | | | | | |
| For Hospital and Community Teaching – *medical evidence from medical professional/consultant confirming pupil is unfit to attend school must be included.* | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Parent and Learner’s Views | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Proof of Parent/Carer Consent via Signature/Email  (*we cannot consider the referral if there is not evidence of parental consent and form will be returned to sender).* | | | | | | | | | | | | | | | | | | | |  | | | | | |

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| **Overview of Learner** | | | | | | | | | | | | | | | | | | |
| **Learner Portrait** (please limit to 500 words or less)  **Brief history of the Learner and what has happened to cause concern.** **Please detail quality of their relationships both in and outside school where possible.** | | |  | | | | | | | | | | | | | | | |
| **What interventions and strategies have been implemented and what was the outcome**?  (Insert lines as needed? | | | Intervention | | | | | | Frequency | | | | | | Outcome for Learner | | | |
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| **How would this referral support the Learner?** | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Medical and/or Health Factors** | | | | | | | | | | | | | | | | | | |
| **Does the Learner have a diagnosed disability?**  If yes, please give details: | | | | Yes | | | | |  | Details: | | | | | | | | |
| No | | | | |  |
| **Do you have concerns that the Learner may have social communication needs?**  If yes, please give details: | | | | Yes | | | | |  | Details: | | | | | | | | |
| No | | | | |  |
| **Is the Learner on the Neuro pathway?** | | | | Yes | | | | |  | Details: | | | | | | | | |
| No | | | | |  |
| **Does the Learner have a diagnosis of any of the following?** | | | | PDD-NOS | | | | | | Yes |  | | | Date diagnosed: | | | | |
| No |  | | |
| Autism | | | | | | Yes |  | | | Date diagnosed: | | | | |
| No |  | | |
| Asperger’s Syndrome | | | | | | Yes |  | | | Date diagnosed: | | | | |
| No |  | | |
| **Do you have concerns about the Learner’s vision?** If yes, give details if they wear glasses and/or your concerns. | | | | Yes | | | | |  | **Details** (*please include information of any recent eye test*): | | | | | | | | |
| No | | | | |  | **Detail any STARS involvement**: | | | | | | | | |
| **Do you have concerns about the Learner’s hearing?** If yes, give details if they have had a recent hearing test and/or our concerns. | | | | Yes | | | | |  | **Details** (*please include information of any recent hearing test):* | | | | | | | | |
| No | | | | |  | **Detail any STARS involvement:** | | | | | | | | |
| **Are there any other medical conditions?** | | | | Yes | | | | |  | Details: | | | | | | | | |
| No | | | | |  |
| **Please indicate where there are concerns with any of the following:** | | | | | | | | | | | | | | | | | | |
| Reading Accuracy | | | | |  | | | | | Reading Comprehension | | | | |  | | | |
| Spelling | | | | |  | | | | | Short Term/Long Term Memory | | | | |  | | | |
| Understanding of Verbal Language | | | | |  | | | | | Understanding of Non-Verbal Language | | | | |  | | | |
| Handwriting | | | | |  | | | | | Processing Speed | | | | |  | | | |
| Attention | | | | |  | | | | | Numeracy | | | | |  | | | |
| Any other (please specify) | | | | | | | | | | | | | | | | | | |
| **Current Academic Ability and Academic Levels including current and target achievement** | | | | | | | | | | | | | | | | | | |
| **Primary** | | | | | | | | | | | | | | | | | | |
| **Early Learning Goals** | Achieved | | | | | | | | | | |  | | | | | | |
| Not achieved | | | | | | | | | | |  | | | | | | |
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| **Year 1 Phonics** | Passed | | | | | | | | | | |  | | | | | | |
| Failed | | | | | | | | | | |  | | | | | | |
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| **Current**  **Attainment** | | Subject | | | | Higher | | | | | | Expected | | | | Below | | |
| Mathematics | | | |  | | | | | |  | | | |  | | |
| Reading | | | |  | | | | | |  | | | |  | | |
| Writing | | | |  | | | | | |  | | | |  | | |
| Spelling, Punctuation and Grammar | | | |  | | | | | |  | | | |  | | |
| **Secondary** | | | | | | | | | | | | | | | | | | |
| **Results of Key Stage 2 SATS** | Subject | | | | | | | | | | | |  | | | | | |
| Mathematics | | | | | | | | | | | |  | | | | | |
| Reading | | | | | | | | | | | |  | | | | | |
| Writing | | | | | | | | | | | |  | | | | | |
| Spelling, Punctuation and Grammar | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Current**  **Attainment** | Subject | | | | | | Higher | | | | | | Expected | | | | Below |
| Mathematics | | | | | |  | | | | | |  | | | |  |
| English | | | | | |  | | | | | |  | | | |  |
| Science | | | | | |  | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **End of KS4** | Subject | | | | | | | Target | | | | | | | Achieving | | | |
| Mathematics | | | | | | |  | | | | | | |  | | | |
| English Language | | | | | | |  | | | | | | |  | | | |
| English Literature | | | | | | |  | | | | | | |  | | | |
| Science | | | | | | |  | | | | | | |  | | | |

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| **Learner’s Attendance and Exclusion details** | | | | | | |
| Attendance in Current Academic Year (%) |  | Attendance in Last Academic Year (%) | | | |  |
| Suspensions | Total number of suspensions in current school year | | | | |  |
| Total number of days of suspensions in last 2 years | | | | |  |
| Permanent Exclusion | Date:  Details:  Previous School: | | | | | |
| Has the Learner had any of the following: | | | | | | |
| A respite place in another school | | School | | | | |
| Date | | | | |
| A managed move to another school | | School | | | | |
| Date | | | | |
| Involvement from the Inclusion Service | | Start date |  | End date |  | |
|  | | Details of Inclusion support: | | | | |

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| **Learner’s Care Arrangements** | | | | | | |
| **Is the Learner a Young Carer?** *If yes, please give details i.e. are they supported by Young Carer team.:* | Yes |  | Details: | | | |
| No |  |
| **Is the Learner a Child in our Care?** | Yes |  | Details: | | | |
| No |  |
| **Does the Learner have a Care Order?** If yes, please give details: | Yes |  | Details: | | | |
| No |  |
| **Has the Learner ever been a Child in our Care/Looked after Child?** *If yes, please give details:* | Yes |  | Details: | | | |
| No |  |
| **Does the Learner have a Special Guardianship Order?** *If yes, please give details:* | Yes |  | Details: | | | |
| No |  |
|  |  |  |  | | | |
| **Other Services/Agencies** | | | | | | |
| **Service/Agency** | **Indicate if involved within last 2 years** | | **Indicate if report attached** | **Service/Agency** | **Indicate if involved within last 2 years** | **Indicate if report attached** |
| Educational Psychologist (incl. private assessment) |  | |  | CAMHS- Getting Help/Getting More Help |  |  |
| Educational Psychologist –Adults First |  | |  | CAMHS -Neuro pathway |  |  |
| STS- ASD |  | |  | Mental Health Team in School |  |  |
| STS-Cognition and Learning |  | |  | Health Visitor/School Nurse |  |  |
| STS- SEMH |  | |  | Occupational Therapy |  |  |
| Inclusion Team |  | |  | Health Practitioner |  |  |
| Police |  | |  | STARS – sensory teaching advisory service |  |  |
| EWS |  | |  | Diabetic Nurse |  |  |
| PREVENT |  | |  | Early Years SEND Practitioner |  |  |
| Vulnerable, Exploited, Missing Trafficked (VEMT) |  | |  | Resettlement Team |  |  |
| Anti-Social Behaviour Team |  | |  | Youth Justice Service |  |  |
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| **Parent/Carer and Learner’s Views and Wishes** |
| **Parents/Carer’s Views and Wishes**: |
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| **Learner’s Views and Wishes:** |
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| **Family and Social/Environmental Factors:** |
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| **Consent statement for information storage and information sharing** | | | | | |
| Please explain the aim of the referral for Hospital and Community Teaching support to parents/carers before asking them to sign below and what the outcomes from panel may mean for their child. *(Please be aware that without consent signatures the referral will be returned).*  I / We understand this information is confidential and will be circulated only to panel members and discussed at the Multi-agency Health and Care Panel.  I/We understand that the referral and information will be stored by the local authority for the necessary retention period only.  I / We agree to the information in this referral being shared with relevant agencies.  I/We understand that my child may be considered for statutory assessment if recommended by panel. | | | | | |
| Name of Practitioner (Home School) |  | Signature: |  | Date: |  |
| Name of Parent/Guardian |  | Signature: |  | Date: |  |
| Name of Young Person: |  | Signature; |  | Date: |  |

*Please note not filling out the required sections or not attaching the required documentation without robust reason will mean the referral* ***will not*** *be accepted – please review the check sheet at the front of form. Paperwork will be sent back to the referrer with a request to complete fully and return. This may result in a delay for the subsequent panel meeting.*

Please submit completed form and supporting paperwork to the link below

[**sen@redcar-cleveland.gov.uk**](mailto:sen@redcar-cleveland.gov.uk)