Atypical Education Referral Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pupil Name** |  | **Gender** |  | |
| **Date of birth** |  | **Year Group** |  | |
| **Address** |  | | | |
| **Current Provision or School** |  | | | |
| **Pupil URN** |  | **% Attendance** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Services Required** | Tick |  | Tick |
| Psychometric Assessments |  | Access Arrangements |  |
| Report writing for EHCP |  | 1 to 1 Curriculum & Tutoring |  |
| Behaviour Support and Interventions |  | Transition Support |  |
| Safeguarding, Risk Assessment support |  | Staff training and Quality Assurance |  |
| SEND Signposting |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas of need** (select **only one** primary need) | | **Primary** | **Additional** |
| Communication and interaction | |  |  |
| Cognition and learning | |  |  |
| Social, emotional and mental health | |  |  |
| Sensory / Physical | |  |  |
| **Current Educational Health Care Plan (EHCP)** | | **YES** | **NO** |
| **EHCP Attached** | | **YES** | **NO** |
|  | | | |
| **Why is the learner being referred?** | | | |
|  | | | |
| **What are the learners' interests?** | | | |
|  | | | |
| **What are the outcomes you are seeking?** | | | |
|  | | | |
| **Other professionals/services/agencies involved in the last 6 months** | | | |
|  | | | |
| **Preferred Number of Sessions or Hours** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer details** | | | |
| Forename(s) |  | Surname |  |
| Role |  | Telephone |  |
| School or service |  | | |
| Address |  | | |
| Email |  | | |
| Signature |  | Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Parent / Carer details** | | | | | | |
| Surname |  | | Forename(s) | |  | |
| Title |  | | Relationship to child | | |  |
| Address (if different from pupil) | | | Parental responsibility? | | | Choose an item. |
|  | | | Telephone |  | | |
| Mobile |  | | |
| Postcode | |  | Email |  | | |
| Home language | |  | Interpreter needed? | YES / NO | | |

I / We the parent(s) / carer(s) understand that:

* The referrer may attend a meeting on our behalf regarding the information shared in this form.
* Personal information about me / my / our child may be shared with other professionals who are, or have been, involved with me / my / our child and seek relevant information from them to decide what additional support or provision may be needed. **Please indicate here any exceptions:**

**I/we agree with the information included in this form**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |