



Inclusion and Engagement Support Team

Referral Form

***Do not send a referral without signed parental consent, as this is a data breach.***

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| ***It is essential that this form is completed in as much detail as possible, as this will enable more time in settings to work with CYP.******Please note: Failure to attach requested documents may delay your referral.*** |
| **School Name:**  |  |
| **School number:** |  |
| **School address:** |  |
| **Pupil Name:****UPN:** |
| **School attendance:** |
| **D.O.B:** | **Year Group:** |
| **Ethnicity:** | **Home Language:****Language spoken by YP:** |
| **CLA:** **CIN/CP:** **EHA:** |
| **Area of SEND (***Identified on EHCP***):** |
| **Diagnosis:** |
| **Top up funding/Banding: E…………** |
| **Other Agency involvement: (***please include details of any specialist teacher or other agency involved.****)***

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| **Agency Name** | **Date of Involvement** |
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| **Last EP report date & Author:****School link EP:****Have you consulted your link EP?**  |
| **Specialist teacher input? Name:****Date:** |
| **Parental Consent Sought***Parental consent form* ***must*** *also be completed.* |  **Annual Review date:**  |
| **Class teacher:**  | **Support assistant:** |
| **SENDco:** | **Contact number:****Email:** |
| **Summary of concerns:** **What are the specific behaviours which have led to this referral? (Please bullet point**) |
| **Pupil Voice & aspirations****Interests/Hobbies in and out of school****Strengths and skills** |
| **Current support in place:***(1-1, interventions, own workstation, safe space, sensory breaks, Nurture- frequency and duration etc)* |
| **What is working well?** | **What is not working?** |
| **Unstructured times:****Skills and support needs** (How do you support the young person during breaktimes and lunchtimes?) |
| **Sensory needs** (Does the young person have any specific HI, VI or other sensory sensitivities?) |
| **How do you support participation and engagement in lessons?** | **Health/Medical issues/needs** |
| **Practical/Self-help/Independence skills** (Can the young person attend to their own self care needs? Can they problem solve independently?) |
| **Current academic levels****English****Reading-****Writing-****Maths-** |
| **Any risk or implications for Safety Management** |
| **Suspensions:** **Number:****Dates:** |
| Please attach latest **EHCP, REVIEW SUMMARY, PROVISION** **MAP/IEP/SUPPORT PLAN/ATTENDANCE INFORMATION**, individual timetable and any recent reports by EP or other specialists.**Please email completed request to:***iest@lancashire.gov.uk* |
| Completed by:  | Signature**:** |
| Designation:  | Date:  |
| School senior leader:   | Signature:  |
| Designation:  | Date:  |
| ***Please note- not every referral will be taken forward, due to capacity.*** ***If your referral is successful, an Engagement and commitment agreement between school and the Team will be formalised.*** |