



Inclusion and Engagement Support Team

Referral Form

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

|  |  |  |  |
| --- | --- | --- | --- |
| ***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.****)***   |  |  | | --- | --- | | **Agency Name** | **Date of Involvement** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | |
| **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*](mailto: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.*** | | | |