



**Inclusion and Engagement Support Team**

**Referral Form 2024-2025**

***Please do not send a referral without a signed Parental Consent form, 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 ensure all the boxes in the top section of this form are completed.**  **Failure to attach requested documents may also delay your referral*.*** | | | | |
| **School Name:** |  | | | |
| **Lancashire**  **School Number:** |  | | | |
| **School Address:** |  | | | |
| **Pupil Name:**  **UPN:** | | | | |
| **School Attendance:** | | | | |
| **D.O.B:** | | **Year Group:** | | |
| **Ethnicity:** | | **Home Language:**  **Language spoken by YP:** | | |
| **CAF:**  **CAF No:**  **CLA:** | | **TAF:** **Date of last TAF:** | | **CIN/CP:** |
| **EHCP – *(please forward a copy of the final EHCP with this referral)***  **Yes  No** | | | | |
| **Area of SEND as identified on EHCP :** | | | | |
| **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 Tel Number:**  **Email:** | | |
| **Summary of concerns:**  What are the specific behaviours which have led to this referral? (Please bullet point) | | | | |
| **Current support in place :**  *(1-1, interventions, own workstation, safe space, sensory breaks, Nurture- frequency and duration etc)* | | | | |
| **Outcomes & Aspirations** | | | | |
| **What is working well?** | | **What is not working?** | | |
| **Communication and Social Interaction**  (How does the young person interact and communicate?) | | | | |
| **Sensory Needs**  (Does the young person have any specific HI, VI or other sensory sensitivities?) | | **Sources of stress and anxiety and strategies that work**  (Identify any triggers) | | |
| **How do you support participation and engagement in lessons?** | | **Health/Medical issues/needs** | | |
| **Unstructured Times:**  **Skills and Support Needs**  (How do you support the young person during breaktimes and lunchtimes?) | | **Practical/Self-help/Independence Skills**  (Can the young person attend to their own self care needs? Can they problem solve independently?) | | |
| **Interests/Hobbies**  **in and out of school** | | **Strengths and Skills** | | |
| **Current Academic Levels**  **Reading-**  **Writing-**  **Maths-** | | | | |
| **Any risk or implications for Safety Management** | | | | |
| **Fixed Term Exclusions:**  **Number:**  **Dates:** | | | | |
| Please attach the latest **EHCP, REVIEW SUMMARY, PROVISION** **MAP/IEP/SUPPORT PLAN/ATTENDANCE INFORMATION**, individual timetable  and any recent reports by EP or other specialists.  **Please email your 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 : - If your referral is successful, an Engagement and Commitment Agreement***  ***between School and the team will be formalised.*** | | | | |