** Collett Outreach Service**

 **Referral Form**

|  |  |
| --- | --- |
| School name, phone number and address: |  |
| SENCo name & email contact details: |  |
| Class teacher’s name and email contact details: |   |
| Type of referral: | * Pupil Focus Referral *(If pupil referral, please complete pupil details below)*
* School Focus Referral (for groups of pupils)
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil name: |  |  Gender: |  |
| Date of birth : | *(Please state if pupil is out of year group)* | Year Group: |  |
| Unique Pupil Number  | *(This must be completed)* |  |  |
| Pupil’s Diagnosis (if applicable) |  |
| Reason(s) for the referral: |  |
| Description of pupil’s main presenting need(s): |  |
| Pupil’s main strengths |  |

|  |
| --- |
| Please indicate on a scale of 1 to 10 below how confident you are at present in being able to meet the main presenting need of this pupil. (1 = **LEAST** able; 10 = **MOST** able) |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*This information will be used to compare staff confidence at the beginning and end of the intervention.*

|  |  |
| --- | --- |
| Does the pupil have an Education Health and Care Plan?  | * Yes
* No
* In progress
 |
| Does the pupil receive additional support? | * Yes (If yes, please provide details)
* No
 |
| Is the pupil attending full time? | * Yes
* No (If no, please provide details)
 |
| Is there existing involvement or support from any other services: | SEND Specialist Advice and Support * Speech Language, Communication Autism
* SpLD
* Early Years
 | * EP
* SALT
* Behaviour Support Services
* Therapy / NESSie
* Other (please state)
 |
| Pupil’s overall attendance %  | Number of exclusions in the past two terms |

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**Parent Views and Consent**

|  |
| --- |
| How confident are you **currently** in understanding your child’s needs? (10 very confident / 1 not confident at all) |
| C:\Users\Teacher\AppData\Local\Microsoft\Windows\INetCache\IE\LAPA92V5\1030px-Sad_face.svg[1].png 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | C:\Users\Teacher\AppData\Local\Microsoft\Windows\INetCache\IE\NH1MM4N5\happy_face[1].jpg10 |

|  |
| --- |
| How confident are you **currently** in meeting your child’s needs? (10 very confident / 1 not confident at all) |
| C:\Users\Teacher\AppData\Local\Microsoft\Windows\INetCache\IE\LAPA92V5\1030px-Sad_face.svg[1].png 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | C:\Users\Teacher\AppData\Local\Microsoft\Windows\INetCache\IE\NH1MM4N5\happy_face[1].jpg10 |

|  |
| --- |
| Would parents like to attend a meeting with the outreach provider?  |
| * Yes
* No

Please note, parents will be provided with a copy of the outreach report.  |

We confirm that access to the outreach service has been discussed with the parent, who gives consent to the service being received, and information regarding this pupil being shared with practitioners working to support them within the local authority:

Parent ………………………………………………………………………… Date ……………………………………………….

School …………………………………………………………………………. Date ……………………………………………..