



Pupil Support Service Referral Form

Child/Young Person's Details

| | | | |
|--|---------------|---------------|-----------|
| First Name | | Date of Birth | |
| Surname | | School | |
| Name of Class | | Gender | M / F |
| Teacher /Form Tutor | | Year Group | |
| Name of SENCo | Ethnicity | | |
| SEN Code | Home Language | | LAC Y / N |
| Please specify any relevant medication/medical information | | | |
| * Head Teacher 's Signature in Primary School | | | |
| * Inclusion Manager's Signature in Secondary School | | | |

Parent/Carer

| | |
|--------------|--|
| Title: | |
| Relationship | |
| First Name | |
| Surname | |
| Signed: | |

*** Please prioritise area(s) of concern 1 – 4 (1 being the most significant area of concern)**

| | | | |
|--|--|---|-------------------------|
| Communication & Interaction CLASS | Cognition & Learning SPLD | Social, Mental & Emotional Health BLIS | Sensory and/or Physical |
| | | | |

Please tick if required

| | | | |
|-------------|--|--------------|--|
| ASD Pathway | | ADHD Pathway | |
|-------------|--|--------------|--|

| | | | |
|-------------------------|--------------|---------------|-----------------|
| Other Agencies Involved | Named Person | Telephone No. | Report Attached |
| | | | |
| PCP | | | |
| CAF | | | |

*** Strategies already in place:** What are you currently doing to help the child/young person?

Universal

Additional and different

What resources have you found useful:

Particular Strengths: What are the positive things you notice about this child/young person?

*What do you perceive to be the child's/young person's main needs?

*** Views of the child/young person**

*** Views of the parent/carer**

Any additional comments for the panel to consider

Arrangements

Name of key person with whom the intervention worker should liaise:

..... Email:.....

Please state the nature of in-school arrangements to facilitate the weekly release of this named person to discuss the progress of the intervention.

.....

I wish to apply for an intervention. The school will undertake to implement and develop strategies and intervention programmes, both during and after the period of intervention, and will also be expected to arrange a review meeting to be held during the consolidation phase of the intervention. It is important that a space be made available for any 1:1/group sessions

Signed..... Position.....

Date.....

Checklist

| Item - essential | Tick |
|---|-------------|
| Fully completed form | |
| Parent / carer signature (For Looked After Children Social Worker signature) | |
| Copy of IEP/ Provision Map | |
| Attendance Certificate | |
| Any other relevant reports/documentation | |
| N.C. Level/PIVATS | |

Please return to by post: (Please ensure correct postage)

**Mrs Helen Mellor
 Head of Pupil Support Services**

Birch Lane Family Centre
Birch Lane
Dukinfield
SK16 5AU

*** Mandatory fields**