



Abbey Hill  
Outreach & Training  
**Referral Form**

Name of School		Name of Headteacher															
Tel No.																	
Name of pupil		Name of SENDCO															
Invoice E-mail:		E-mail address:															
Key Stage / Year Group <i>(as at September 2019)</i>		Gender															
		Does the pupil have an EHCP?	Yes No														
Areas of Concern																	
Primary SEN Need <i>(please tick as appropriate)</i>																	
Communication & Interaction <input type="checkbox"/>		Cognition & Learning <input type="checkbox"/>															
Social Emotional & Mental Health <input type="checkbox"/>		Sensory/Physical <input type="checkbox"/>															
Attainment levels: EYFS/ NC year group <i>in English and Maths</i>		Previous / Current Strategies in place															
<b>Support requested</b> <i>Please tick against the menu of services</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pupil support</li> <li><input type="checkbox"/> Package of Support</li> <li><input type="checkbox"/> Curriculum access/differentiation</li> <li><input type="checkbox"/> Training and support for staff</li> <li><input type="checkbox"/> Access to resources</li> <li><input type="checkbox"/> Other (please detail)</li> </ul>		<b>Involvement of other agencies</b> <i>Please tick and indicate date of last input</i> <table border="1"> <thead> <tr> <th>Agency</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> S&amp;LT</td> <td></td> </tr> <tr> <td><input type="checkbox"/> EP</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Physio</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OT</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Camhs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Inclusion Services</td> <td></td> </tr> </tbody> </table>		Agency	Date	<input type="checkbox"/> S&LT		<input type="checkbox"/> EP		<input type="checkbox"/> Physio		<input type="checkbox"/> OT		<input type="checkbox"/> Camhs		<input type="checkbox"/> Inclusion Services	
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Expected Outcomes																	
<b>Confidentiality agreement between settings and Parents</b>		I agree for special school outreach to observe and obtain relevant information on my child from their current setting. I agree for EHCP, medical information and outside agencies reports where appropriate. I agree for the outreach school to keep this information for 3 years following the initial support in case of re-referral or if additional support is needed. After the 3 years all information will be confidentially destroyed.															
Referral requested by: LA   HT   SENDCO   Other		<b>Parent / Carer Consent:</b> I agree for my child to be observed / assessed by a Special School Outreach worker and for the information to be shared with relevant agencies.															
Sign and Date .....		Sign and Date .....															

Please return to: Jane Tittley, Abbey Hill School, Box Lane, Meir, Stoke-on-Trent, ST3 5PP  
 or e-mail to: jtittley1@abbeyhillschool.co.uk