**Referral - The Specialist Teaching Team within the Behaviour Support Service**

**or Off-Site Behaviour Centre** where supported by an outside agency or the above.

*Before completing this form, click on file, then “save as” into your own area. Complete the form by typing into the grey boxes (the “choose” boxes have a dropdown menu for you to select from).*

Once complete, print and then ensure Head or SLT signature is in box 1 and parent/carer signatures on each page and box 9. **Forms without full signatures will not be accepted.** Please scan and email to [EducationBSS@bradford.gov.uk](mailto:EducationBSS@bradford.gov.uk) using the secure email process GalaxKey. Ensuring you tick notify so you will then receive a read receipt when we have seen your email.

If your school doesn’t have GalaxKey please request an invite to the above email address.

|  |  |
| --- | --- |
| **I am appying for** | **For specialist teacher support for social emotional mental health (SEMH)** |
| Is this a re referral within 12 months of closing a previous referral Yes  No  **If yes, you only need to complete** sections 1, 2,4, 8 and 9 | |
| Is this a referral for a pupil with an EHCP (primary need SEMH) Yes  No  Request submitted  If yes, name of issuing local authority for the EHCP | |
| **I am appying for** | **Off-Site Behaviour Centre**  ***Please note this request must be supported by an outside agency. Ie Education Psychologist Team or Behaviour Specialist Teaching Team.***  **Please ensure all documents are submitted from section 7 along with a highlighted range guidance to indicate what is in pace.** |

***1.School information***

|  |  |  |  |
| --- | --- | --- | --- |
| School:  Address:  Postcode: | | | |
| School Telephone:  School email contact: | |  | |
| ***Referrer details:***  Who is the main contact for this referral:      Position in school:  Email contact: Telephone: | | | |
| SENCo name:  SENCO email: | Head name:  Head email: | | Other contact: |
| **Head /SLT School Signature**­­­­­­­­­­­­­------------------------------------------------------- Date:--------------------------  Post title  **You are signing to confirm that you agree that relevant data can be shared with other professionals as appropriate.** | | | |

***2.Pupil information***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil First Name: | | | | Pupil Family Name: | | | |
| DOB: | Gender: Male  Female  Mx | | | | | | |
| UPN: | | | Year Group: | | | Date of Admission: | |
| Ethnic Origin: Other: | | | | | | | |
| Is the pupil in Public Care/ Looked after child (LAC) | | | | | Yes  No | | |
| Is the pupil eligible for Free School Meals | | | | | Yes  No | | |
| Traveller family – highly mobile | | | | | Yes  No | | |
| Language spoken at home:  Interpreter needed? | | | | | Yes  No | | |
| Please give details of any diagnosed health related difficulties: | | | | | | | |
| Is there a Child Protection concern? . Has this been discussed with all the parent/carer . | | | | | | | |
| Date of last review: | | | | | Date of next review: | | |
| Is the pupil attending school full time? If no give details | | | | | | | |
| Please list exclusion history details in chronological order starting with the most recent first. | | | | | | | |
| Date/s | | Primary reason for exclusion | | | | | Comments |
|  | |  | | | | |  |
|  | |  | | | | |  |
|  | |  | | | | |  |
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***3.Previous Schools***

|  |  |  |  |
| --- | --- | --- | --- |
| School name |  | Authority |  |
| School name |  | Authority |  |
| School name |  | Authority |  |
| School name |  | Authority |  |
| School name |  | Authority |  |

***4.Parent/carers information (letters will be sent to both the below)***

|  |  |
| --- | --- |
| Name of primary parent(s)/carers: | Name of other parent(s)/carers: |
| Current address:    Postcode: | Current address:    Postcode: |
| Tel no: | Tel no: |
| Who does the child live with and their relationship? | |
| Siblings, ages and current schools: | |

***5.* Details of current issues, concerns and/or support requirements (Teacher to complete)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Reason for referral:***  Please give a brief description of your concerns and the challenges being presented in your setting, including; progress/levels/on track; attendance; exclusions; SEMH; access to learning opportunities; behaviour, etc.   |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | | ***Area(s) of difficulty:*** | ***Mark with x*** | ***Specify*** | ***Provision in place (ie MSP or EHCP)*** | | Speech, Language & Communication Needs |  | Range |  | | Cognition & Learning Difficulties |  | Range |  | | Physical & Medical |  | Range |  | | Hearing Impaired |  | Range |  | | Visual Impairment |  | Range |  | | Multisensory Impairment |  | Range |  | | Communication and Interaction (including Autism Spectrum) |  | Range |  | | Speech, Language & Communication Needs |  | Range |  | | Social Emotional Mental Health |  | Range |  | |
| What strategies have been tried so far and what was the outcome? |
| What outcomes are you hoping to achieve from our involvement? |
| Pupil’s views about support needs: |
| Parent/Carer’s views about support needs: |
| Short summary/history of pupil (LAC, family trauma, family break-up, new school, etc) |
| What is currently the greatest concern? |
| Please comment on learning skills and abilities, levels of achievement |
| What do you know of the pupil’s behaviour at home i.e. family relationships and general wellbeing? |

***6. History of other specialist teacher team involvement / agencies***

|  |  |  |
| --- | --- | --- |
| ***Agency*** | ***Professional*** | ***Dates: from - to*** |
| Social Emotional Mental Health (SEMH) |  |  |
| Learning & Cognition Team |  |  |
| Physical & Medical |  |  |
| Communication and Interaction (including Autism Spectrum) |  |  |
| Sensory Team  **Hearing Impaired**  **Visual Impairment**  **Multi-Sensory Impairment** |  |  |
| Early Years SEN Team |  |  |
| Portage |  |  |
| Education Psychology Team |  |  |
| Education Social Work Team |  |  |
| Early Help |  |  |
| Children’s Social Care |  |  |
| SALT |  |  |
| Other relevant agencies |  |  |

***7.Mark the boxes to confirm that the school has copies of the following in place:***

***Other documentation marked with a \* must be available at the first planning meeting, along with as many of the other documents listed as possible.***

**Provide where possible:**

|  |  |
| --- | --- |
| **\*Reception referrals information around the prime areas of learning should be included in place of the range guidance.** |  |
| \*Provision Map/My Support Plan |  |
| \*EHCP (if relevant) |  |
| \*Copies of most recent review minutes that parent/carer attended |  |
| \*Attendance Data |  |
| Relevant professional educational reports and medical reports |  |
| CAF/Early Help/signs of safety plan |  |
| Relevant educational assessments |  |
| Care & Control Plans/Risk Assessment |  |
| Other Health Report |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Parental consent for:** | | | |
| Dear Parent/Carer  In order to continue to support your child’s learning needs we are submitting a request for further specialist support. The most appropriate specialist teacher will be identified and will work closely with us and/or with your child directly to ensure their learning needs are met.  The request cannot be processed without you signing the parental consent section and each page of this document before we submit it.  By signing you also give your consent for specialists to contact other professionals who may already be involved with your child as appropriate.  If you wish to discuss the matter further before signing below, please do not hesitate to contact me and we can talk further.  Yours sincerely,  Senco/Headteacher | | | |
| **9. Parental Statement** | | | |
| I agree to the involvement of specialist services and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.  I understand that some of the information about them may be shared with other professionals who are already involved with them.  I understand that both paper and electronic records may be kept as a result of this involvement. I understand that these records will be kept securely by Bradford Council and destroyed safely, according to the Council’s document and deletion schedule.  Under the data protection act 1998, I have the right to request a copy of the information the Council holds about me/my child. For more information I can contact the data management office.  To ensure that my child receives the optimum service, information may be shared with other services as appropriate. However, further consent will be sought from me for direct contact with my child by another service not already involved.  **Please sign below to give your parental consent.**  ***Please note you must have parental responsibility for the child or young person named on this form.*** | | | |
| Relationship to pupil/young person |  | Print name |  |
| Email |  | Tel |  |