**Single SEND Referral Form (16+)**

**If there is a safeguarding concern, please refer to Children’s Initial Contact Point on** 01274 437500

Please indicate which type of assessment you are requesting and complete the appropriate sections as indicated below:

|  |  |  |
| --- | --- | --- |
|  | Select | Please complete pages: |
| My Support Plan (MSP) Funding\* |  | P1 – 3 plus Sections A – G ; plus Appendix 1 |
| Education Health and Care Needs Assessment \* |  | P1 – 3 plus Sections A – F; plus Appendix 1 |
| Education Health and Care Needs Assessment with continuation of MSP funding\*  |  | P1 – 3, Sections A –G; plus Appendix 1 |
| Continuing Health Care Assessment/Fast track assessment |  | P1 – 3, Sections A, C and E/F, plus Appendix 2 |
| Children’s Complex Health and Disabilities Assessment |  | P1 – 3, Sections A, and E/F, plus Appendix 3 |

\*Please note if you have an existing MSP, you can complete P1 – 3 and append it to the MSP.

Referrer Details

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Contact Details |  |
| Date of Referral |  |

# Consent

It is expected that parent/carers (and where relevant, young people) have consented to this request for assessment.

**The initial screening involves Social Care, Health and Educational professionals. Have you informed the parent/carer and/or young person that you are making this referral and the information will be seen by relevant Social Care, Health and Educational professionals?**

|  |  |
| --- | --- |
| **Do you have consent for this referral?** | **Yes / No** |
| **Who gave this consent? (Parent/Carer or Young Person)** |  |
| **Type of consent** | **Verbal / Written** |

This referral and any supporting information will be shared with relevant Social Care, Health and Educational Professionals and parents/carers.

|  |
| --- |
| **Young Person Personal Details** |
| First Name | Family Name (s) | DOB | Age | M/F |
|  |  |  |  |  |

|  |
| --- |
| **Young Person Home Details** |
| Address | Telephone | email |
|  |  |  |

|  |
| --- |
| **Family Networks** |
| First Name | Family Name | Relationship to Child | Parental responsibility? | Contact details (if different to above) |
|  |  |  |  |  |
|  |  |  |  |  |

# Section A: ‘This is me…’

If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.

**Written by:**

**Date written:**

|  |
| --- |
| **The views, interests and aspirations of the young person and his/her family**  |
| What is my history?  |  |
| What are my home circumstances? |  |
| Who are my family and important people in my life? |  |
| What are my health needs or disability? |  |
| **Likes and preferences** |
| What are my likes and hobbies? |  |
| What am I good at doing? |  |
| What things don’t I like? |  |
| What is important for me? |  |
| What are my aspirations e.g. education, play, health, friendships, further education, work. |  |
| **My Support Needs** |
| What do people do for me? |  |
| What is working well for me? |  |
| What could be better for me? |  |
| How to communicate with me and engage me in decision making. |  |

|  |
| --- |
| **Parents’ Views:** |
| What is working for my child now? |  |
| What is not working so well for my child at the moment / what worries do I have? |  |
| What impact does this have on the family? |  |
| What would make things better for my child? |  |
| What are my goals and aspirations for my child? |  |
| Short term - the next 6-12 months? |  |
| Long term - What I want for my child’s future beyond next year and ‘when they are an adult’? |  |

# Section B : Educational Needs

|  |
| --- |
| **School or Educational Setting Details** |
| Name of Setting |  |
| School Year Group |  |
| Pupil Premium? |  |
| Attendance |  |
| Exclusions |  |

|  |
| --- |
| **Please note the details of any agencies that you know are currently or have been involved with the young person and the family in relation to health needs** |
| Name | Agency | Contact Details | Report attached? |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |

|  |
| --- |
| **Summary of Educational Needs** |
|  |

|  |
| --- |
| **Area of Need: Learning and Employment Related Skills** |
| Current attainment: (*National Curriculum Age Related Expectations / EYFS / Developmental Journal*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEN Range | 1 | 2 | 3 | 4 |

Summary of Needs: What does the young person need to develop / achieve next?*
 |

|  |
| --- |
| **Area of Need : Interpersonal Skills** |
| Current attainment: (*EYFS / Developmental Journal/ Other*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEN Range | 1 | 2 | 3 | 4 |

Summary of Needs: What does the young person need to develop / achieve next?*
 |

|  |
| --- |
| **Area of Need: Individual Life Skills & Community Living Skills** |
| Current attainment: (*National Curriculum Age Related Expectations / EYFS / Developmental Journal*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEN Range | 1 | 2 | 3 | 4 |

Summary of Needs: What does the young person need to develop / achieve next?*
 |

|  |
| --- |
| **Area of Need: Health , Independence and Community Living Skills** |
| Current attainment: (*National Curriculum Age Related Expectations / EYFS / Developmental Journal*)

|  |  |  |
| --- | --- | --- |
| Current | Previous (12 months ago) | Less than / Expected /Better |
|  |  |  |

Description of Needs: What can the young person do now?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEN Range | 1 | 2 | 3 | 4 |

Summary of Needs: What does the young person need to develop / achieve next?*
 |

# Section C: Health Needs

|  |
| --- |
| **NHS number (if known)** |
|   |

|  |
| --- |
| **Summary of health needs which relate to identified special educational needs.** |
|   |

|  |
| --- |
| **Please note the details of any agencies that you know are currently or have been involved with the young person and the family in relation to health needs** |
| Name | Agency | Contact Details | Report attached? |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |

|  |
| --- |
| **What has been tried so far?** |
|  |

|  |
| --- |
| **Brief Summary** |
| What are you worried about? | What is working well? | What needs to happen? |
|  |  |  |

# Section D: Social Care Needs

|  |
| --- |
| **Summary of Social Care needs which relate to identified special educational needs.** |
|  |
| **Children’s Social Care Involvement**  |
| Type of Involvement | Current | Previous | Details |
| Child Protection Plan |  |  |  |
| Child in Need Plan |  |  |  |
| Looked After Child |  |  |  |
| Early Help |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Agencies Currently Involved with the Family** |
| Name | Agency | Contact Details | Role with Family |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What has been tried so far?** |
|  |

|  |
| --- |
| **Brief Summary** |
| What are you worried about? | What is working well? | What needs to happen? |
|  |  |  |

|  |
| --- |
| **How worried are you about this child’s situation?**Where 0 is the most concerned you can be and 10 you have no worries or concerns(Please tick applicable) |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Please give reasons why you feel the child is at this point on the scale: |

|  |
| --- |
| **Are there any risks to Professionals when visiting the family?** (Please explain any specific risks involved in supporting the family) |
|   |

# Section E and F: Outcomes and Provision

**Outcomes and Provision to meet identified needs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Need** (From Section B, e.g. X needs to develop…) | **Outcomes Sought**(e.g. X will be able to…) | **Educational Provision to be made**(e.g. type/frequency/time, level of expertise) | Total / week(minutes) | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Section G: My Support Plan Resource Request

|  |  |
| --- | --- |
| **Type and Source of Funding** | **Value (£)** |
| Delegated Funding to support special educational needs (Elements 1 & 2) | Please evidence use of £6000 using Individual Support Grid |
| Additional MSP funding requested (Element 3 - max £3000) |  |

# Next Steps

Please return this form and any attachments to:

**SEN Assessment Team**

**Floor 5**

**Margaret McMillan Tower**

**Bradford**

**BD1 1NN**

Once received, forms will be screened and sent to a weekly SEND panel (every Thursday). You will be informed of the outcome along with any feedback within two weeks of panel.

For any clarification or further information please contact the SEND Assessment Team.

Tel: **01274 435750**

Email: **sen@bradford.gov.uk**

# Appendix 1: Additional Evidence for My Support Plan or Education Health and Care Assessment

In order to ensure the request is processed promptly, please ensure you have:

|  |  |
| --- | --- |
| Provided evidence that the child / young person is at least at Range 4 using the ‘Revised Attainment Profile’ grid or ‘Bradford Range Guidance’  |  |
| Provided signed consent from parents / carers / young person to request a My Support Plan / EHCA; |  |
| Provided an individual ‘SEN Support Grid’ to demonstrate how the notional SEND funding of up to 10K has been spent in attempting to meet the young person’s needs and the impact of this. |  |
| Included any professional advice to support the request SEND support |  |
| Included any previously completed My Support Plan |  |

# Appendix 2: Additional Evidence for Continuing Health Care Assessment

In order to ensure the request is processed promptly, please ensure you have:

|  |  |
| --- | --- |
| Included written confirmation of a child’s diagnosis and nursing care needs from a health professional (nursing needs assessment and/or continuing care checklist) |  |
| Provided signed consent from parents / carers / young person to request Continuing Health Care support |  |
| Included any professional advice to support the request. |  |
| Included the child / young person’s NHS number |  |

# Appendix 3: Additional Evidence for Children’s Complex Health and Disabilities Assessment

|  |  |
| --- | --- |
| Included written confirmation of a child’s diagnosis from a health professional (or confirmation of the child’s presenting health or disability issues from a health professional). |  |
| Provided signed consent from parents / carers / young person to request Continuing Health Care support; |  |
| Included any professional advice to support the request. |  |