**Primary Referral Form (PRF) – Autism Spectrum Team**

*Because the referrals contain sensitive information we* ***cannot*** *accept referrals by email. Please ensure that this form is returned to us securely, in accordance with council policy, using: internal mail, Royal Mail or delivering by hand.*

**School Information**

|  |
| --- |
| School: |
| Name of person completing the form: |
| Position held: | School Telephone: |
| School email contact: |

**Pupil Information**

|  |  |  |
| --- | --- | --- |
| Forename: | Surname: | DoB: |
| Gender: | UPN: | Current Year Group: |
| Does the pupil have an AS Diagnosis?  | Date of Diagnosis: |
| Does the pupil have an EHCP or My Support Plan? |
| Is there a signs of safety plan in place? |
| Is there a child protection concern? |

**Learning Profile**

|  |
| --- |
| Please describe the pupils current attainment levels using your school’s system: |

What do you consider the current progress to be in the following areas?

(please tick ✓ the most applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reading | Better than expected |  | Expected |  | Less than expected |  |
| Writing | Better than expected |  | Expected |  | Less than expected |  |
| Maths | Better than expected |  | Expected |  | Less than expected |  |

|  |  |
| --- | --- |
| Attendance this academic year (as a %): | Current Levels of Support (No of hrs): |
| Description of support e.g. at unstructured times of the day | Additional provision and resources: |

**Other agency involvement**

|  |
| --- |
| e.g. SALT, CAMHS, EP, OT, C & L teams:Details of previous involvement from the AS Team e.g. report, advice or attendance at a HUB |

|  |
| --- |
| Are there any Physical/medical needs? |

What is your main area(s) of concern?

|  |
| --- |
| E.g. difficulties in areas such as: social interaction, emotional regulation and independent or active engagement with learning.  |
|  |
| Which area of need would you prioritise for this request for support? |
|  |
| Please indicate the support you would like from the service. E.g. training (bespoke and publicised) coaching, individual support for SENCo, class teachers, TA’s, or students, EHCP/MSP applications. |

**Signatures**

|  |  |
| --- | --- |
| Parent/carer signature: | Date: |
| Head teacher/SENCo signature: | Date: |

**The following documentation has been completed and is attached** (please tick ✓)

|  |  |  |
| --- | --- | --- |
|  |  | Range Guidance Document |
|  |  | Wellbeing Referral Form (WRF) |
|  |  | Sensory Profile |

All the above documentation can be found on Bradford Schools Online - Autism Spectrum Team’s web-page.

<https://bso.bradford.gov.uk/schools/CMSPage.aspx?mid=1891>

**It is essential that this form is accurate and complete. Incomplete forms may be returned**