**0-25 SEND Inclusive Education Service –Pupil Referral Form**

**Please complete this form, print and obtain required signatures before scanning and submitting this document to:** [Inclusive.Education.Service@bradford.gov.uk](mailto:Inclusive.Education.Service@bradford.gov.uk)

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| **Type of Referral:** | | | | | | | | | | | |
| **Universal Offer** *(PVI and schools)* | | | **Traded *(schools only)* – *you will need to purchase one of our packages for this work. When completed the sessions will be deducted from your package.*** | | | | | | | | |
| **Universal** |  | | **Targeted** | | |  | **Specialist** | | |  | |
| **Which area of specialism is required for this pupil? Please only select one area** | | | | | | | | | | | |
| **Autism** |  | **Cognition & Learning** | |  | **Early Years** | | |  | **SEMH (Social Emotional Mental Health)** | |  |

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| **Child/ Young Person Details** | | | | | |
| Child/Young Person Name: |  | Gender: |  | | |
| DOB: |  | NC year: |  | Offset? |  |
| UPN: |  | | | | |
| Parent/Carer’s Name: |  | | | | |
| Parent/Carer’s Address: |  | | | | |
| Home Language |  | | | | |

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| **School/Setting Information** | | | |
| School/Setting: |  | | |
| Name of person referring: |  | Date of referral: |  |
| Position: |  | | |
| Contact Email: |  | | |
| Contact Telephone: |  | | |

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| **Does the child/young person have:** | | | | | | | | |
| Medical conditions/ diagnoses? |  | | | | Date: |  | | |
| My Support Plan? | Yes | | | | No | | | |
| Education Health and Care Plan? | Yes | | | | No | | | |
| Early Help | Yes | | | | No | | | |
| Pupil Premium | Yes | | | | No | | | |
| Is EYIF in place / % | Yes | | % | | No | | | |
| Is there a child protection plan | Yes | No | | Child Looked After | | | Yes | No |

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| **Are there any other agencies involved/supporting this pupil? E.g. EPs, SaLT etc.** | |
| Name of Professional | Agency |
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| **What levels/AREs is this pupil currently working at?**  **For Early Years/PVI include Early Support Developmental Journal Levels** | | |
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| **What is the reason for this referral?** |
| Please provide as much information as possible. Please include a description of the desired outcomes from the involvement of the specialist teaching team or Access and Inclusion Officer. |

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| **Describe the needs of the child/strategies that have already been used to support the child/young person prior to the referral.** |
| It is very helpful to know what has already been done, or is currently in place, to help the child / young person before making this referral. Please provide as much information as possible.  Please provide copies of reports from other professionals particularly with regard to diagnosis details e.g. visual assessment results. |

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| **Estimated number of sessions if using a package:** |  |
| **Any other information:** |  |

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| **Parental consent** | | | |
| 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 | | | |
| **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 and I give consent for this to happen.  I understand that further consent will be sought from me should a professional from another service, who is not already involved with my child, requires additional information.  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 General Data Protection Regulation (GDPR), I have the right to request a copy of the information the Council holds about me and my child. For more information I can contact the Data Protection Officer.  **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 (optional) |  | **Signature** |  |

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| **School signature**  **Print name** |  | **Signature** |  |

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**Please return this referral form by secure email to:** [Inclusive.Education.Service@bradford.gov.uk](mailto:Inclusive.Education.Service@bradford.gov.uk)

General Data Protection Regulations (GDPR) - <https://www.bradford.gov.uk/privacy-notice/>