**0-25 Specialist Teaching and Support Services**

**Social, Communication, Interaction and Learning (SCIL) Team**

**Pupil Referral Form**

* **Please complete this form ensuring parents / carers agree to the contents**
* **Print and obtain parent / carer signature on all pages plus school signature**
* **Scan and submit this document securely to:** [SCILTeam@bradford.gov.uk](mailto:SCILTeam@bradford.gov.uk)

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| **New referral** | Yes  please complete all sections of this form | **Re- referral –See criteria below** | Yes  please complete 1,2,2a,3,7,8,9 and anything else that has changed.  *See notes below* |

**Re- referring criteria: 1)** Must be within 12 months of the previous referral. **2)** Please ensure you inform us of all new circumstances/ changes**. 3)** The previous referral must be from the same school. **NB – If over 12 months please complete all the form**

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| 1. **Which area of specialism is required for this pupil?**   **Please only select one area below** | | | | | **Date of referral** | | | |
| Communication & Interaction |  | Cognition & Learning |  | Early Years | |  | SEMH (Social Emotional Mental Health) |  |

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| 1. **School/Setting Information** | | | | | | | | | |
| School/Setting: | |  | | | | | | | |
| Name of person referring: | | | | |  | | Position: | |  |
| Contact Telephone: | | |  | | | Contact Email: | |  | |
| SENCo name: |  | | | | | SENCo email: | |  | |
| School/Setting Head/PVI Manager: | | | |  | | Head/PVI Manager email: | |  | |

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| **2a. School signature** | **Print name** | **Signature--------------------------------------------------------------------** |

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| 1. **Child/ Young Person Details** | | | | | | | | | | | |
| Child/Young Person Name: | | | |  | | | | UPN: |  | | |
| DOB: |  | Gender: | | | Male  Female  Mx | NC year: | |  | Offset? | |  |
| Parent/Carer’s Name: | | |  | | | | | | | | |
| Parent/Carer’s Address: | | |  | | | | | | | | |
| Home Language | | |  | | | | | | | | |
| Child Social care | | | Early Help  CIN  Child Protection plan  Public Law Order  Child Looked After (CLA) | | | | | | | | |
| Medical conditions/ diagnoses | | |  | | | | Date/s of diagnoses: | | |  | |

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| 1. **Does the child/young person have any of the following:** | | | | | |
| My Support Plan | Yes  No  Date | | | | |
| Education Health and Care Plan | Yes  No Issue date | | | | |
| Education Health and Care Assessment | | | Yes  No  Date submitted | | |
| Matrix of need | | Below Age Related Expectations  SEND Support  EHCP | | | |
| Is Early Years Inclusion Funding (EYIF) in place / % | | Yes | | % | No |

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| **5. Are there any other agencies involved / supporting this pupil? E.g. EP, Social Worker, SaLT etc** | | |
| Name of Professional | Agency | Reports – please tick if attached |
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| **6. Please provide end of Key Stage Data where applicable** | | | | | **Please provide attainment data for previous 3 terms** | | |
| **EYFS** |  | **KS1** | **KS2** | **KS3** | **Term 1** | **Term 2** | **Term 3** |
| **Achieved GLD?**  Yes / No | **Reading** |  |  |  |  |  |  |
| **Writing** |  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |  |

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| **6a. For pre-school age and reception children please provide data for the last 3 terms** | | | |
| **EYFS / EYDJ** | **Term 1** | **Term 2** | **Term 3** |
| **PSED** |  |  |  |
| **C&L** |  |  |  |
| **Thinking** |  |  |  |
| **Physical** |  |  |  |

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| 1. **What is the reason for this referral?** (e.g describe your concerns and barriers to learning) |
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| 1. **What support do you need from our service?** (e.g. identification and assessment of need/ planning provision / modelling strategies and resources) |
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| 1. **What do you hope the impact of our service will be?** e.g. develop understanding of the needs of the child/young person, to signpost/ model appropriate strategies and resources |
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| 1. **Describe your graduated support at each level** (include access to support from our service) |
| **Below Age Related Expectations** |
| **SEND Support** |
| **EHCP** |

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| 1. Parent/carer views | |
| What does my child like doing at home? |  |
| How does my child communicate at home? |  |
| Who is special to my child? |  |
| What is working well for my child? |  |
| What is not working so well at the moment? |  |
| What are my aspirations and hopes for my child? |  |

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| 1. **Parental consent** | | | |
| Dear Parent/Carer  In order to support your child’s learning needs we are submitting a request for specialist support. The most appropriate specialist from the service 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.  General Data Protection Regulations (GDPR) - <https://www.bradford.gov.uk/privacy-notice/>  **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** |  |