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| **School Details** |
| School name:  | Date of referral: |
| SENCO/Inclusion Manager name and email: |
| Class Teacher name and email: |
| Who is making this referral? |

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| **Pupil Information** |
| Name: |
| Date of Birth | Current Year Group | Language(s)  | EHCP in place?(Y/N/Referral in progress/ Requested) |
|  |  |  |  |
| Full time/part time (state hours if part time and reason why) |  |
| Needs and any diagnosis: |  |
| Are the receiving any additional funding for support? Does the child have an EHCP? |  |
| Have you applied for statutory assessment?  | Y/N? |
| Any professionals involved: |  |
| Pupil’s Strengths: |  |
| Any strategies or interventions you have put in place for this pupil and the progress / impact: |  |

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| **Priorities for support:** |
| What are your top three priorities for the pupil, that you would like us to support with? |
| 1. |
| 2  |
| 3. |

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| **Parent/ Carer Consent** |
| I consent to:* The Outreach teacher to observe and work with my child in school and make written recommendations
* The Record of Support to be shared with other professionals working with my child
 |
| Consent Given by: |  |
| Relationship to pupil: |  |
| Signature (must be a physical signature): |  |
| Staff member who obtained consent: |  | Date consent given: |
| Any parent/carer comments: |  |

*There is no need to attach any additional reports to this referral. If reports are shared, specific parental consent must be given for this.* **Please return a signed, scanned copy of this form to the Cherry Garden Outreach Team, by email.** outreach@cherrygardenschool.co.uk