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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. |

|  |  |  |
| --- | --- | --- |
| **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](mailto:outreach@cherrygardenschool.co.uk)