|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Gender | Current school/educational setting |
| Name of Referrer | Role of Referrer | Referrer - Contact Details |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Essential Evidence – packs will be returned if these documents are not enclosed** | | |  | **Additional Evidence – detail any further information included to support the application** | | |
| Document/Report | Date/s | Included?  (Tick) |  | Document/Report | Date/s | Included?  (Tick) |
| **Completed referral form – signature** |  |  |  | Evidence of involvement/consultation with **Pupil Support Services** |  |  |
| **Education reviews of SEN Support** – person centred planning of assess, plan, do, review |  |  |  | **Communication Plan** – evidence of communications with parents/carers and other agencies |  |  |
| **Educational Psychology** involvement within the last 12 months |  |  |  | **PEP** for Looked After Children |  |  |
| **Parent/carer involvement** with SEN Support including views of the needs of their child and the progress they are making |  |  |  | **Behaviour Plan**, including strategies, cues, triggers etc |  |  |
| **Child/young person’s views** of their needs and the help and support they feel helps and what more they need |  |  |  | **Health Care plan** |  |  |
| **Attendance record** for last 12 months |  |  |  | **Risk Assessment** |  |  |
| **Provision Map** costed |  |  |  | **Child in Need Plan** |  |  |
| **Timetable** |  |  |  |  |  |  |
| **QCA Behaviour Scales** |  |  |  |  |  |  |
| **Common Assessment Framework and 6 months of reviews** (only if **already** in place) |  |  |  |  |  |  |
| **Reports from other professionals** school/educational setting is aware have involvement with the child/young person/family  Please list these here |  |  |  |  |  |  |

**Special Educational Needs Code of Practice July 2014**

9.14

In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress. To inform their decision the local authority will need to take into account a wide range of evidence, and should pay particular attention to:

* evidence of the child or young person’s academic attainment (or developmental milestones in younger children) and rate of progress
* information about the nature, extent and context of the child or young person’s SEN
* evidence of the action already being taken by the early years provider, school or post-16 institution to meet the child or young person’s SEN
* evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided
* evidence of the child or young person’s physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies, and
* where a young person is aged over 18, the local authority **must** consider whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training. Remaining in formal education or training should help young people to achieve education and training outcomes, building on what they have learned before and preparing them for adult life.
* **Guidance to support completion of this form can be sought by accessing the SEN Support sessions – please contact the SEN Team on 342 4433 to book on to a session**

**Personal information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | Gender | Ethnicity | Religion |
| Home Address | | | Post Code | Telephone Number |
| For young people over 16 only- Email | | | Mobile |  |
| National Curriculum Year | Offset? Y/N | Home Language: | CAF in place: Y/N  Date started  Last review | Pupil Premium; Y/N |
| UPN | NHS Number | | NI number | |

**Parent/Carer Details**

|  |  |  |
| --- | --- | --- |
|  | Parent 1 | Parent 2 |
| Name |  |  |
| Address (if different from above) |  |  |
| Home phone |  |  |
| Mobile |  |  |
| Other contact number |  |  |
| Email |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child in Need? Y/N |  | Looked After Child? Y/N | Responsible Authority |
| Social Worker contact details  Name  Address  Telephone  Email | | Head of Virtual School Details  Name  Address  Telephone  Email | |

**GP Details**

|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone |
|  |  |  |

**Education Placement Information**

|  |  |  |
| --- | --- | --- |
| Current Educational Setting/School | Type of Provision | Date of admission |
| Address  Contact number:  E-mail:  Head Teacher/Manager/Principal:  SENCO:  Teacher/Tutor:  Learning Support: |  |  |
| Previous Educational Setting/ School | Type of Provision | Dates Attended |
|  |  |  |

**Summary of parental views and involvement – include their aspirations for their child**

|  |
| --- |
|  |

**Summary child/ young person’s views – include aspirations for the future**

|  |
| --- |
|  |

**The child/young person’s special educational needs**

|  |
| --- |
| Date on which school first identified the child/young person as having additional needs and support was put in place: |

**Category of need as defined in the Code of Practice** (Please identify priority need only)

|  |  |  |  |
| --- | --- | --- | --- |
| **Cognition and Learning** | **Communication and Interaction** | **Social, Emotional and Mental Health Needs** | **Sensory, Physical and Medical Needs** |
| Specific learning difficulty | Speech language and communication needs |  | Hearing Impairment |
| Moderate Learning difficulties | Autism Spectrum Condition |  | Visual Impairment |
| Severe Learning Difficulties |  |  | Multi-sensory Impairment |
| Profound and Multiple Learning difficulties |  |  | Physical Disability |

|  |  |
| --- | --- |
| **Cognition and Learning – *areas to report on****: literacy and numeracy skills, visual processing, attention and concentration, transfer of skills and knowledge, memory and retention of learning, play skills – imaginative and explorative, self-esteem as a learner, organisation and independent learning skills* | |
| **Strengths and current functioning *–*** *comment on**what the child or young person can do well or is in the process of developing* | **Special Educational Needs** *– comment on the child or young person’s identified need, areas of difficulty/challenge* |
|  |  |
| **Emotional, Social and Mental Health – areas to report on:** *presenting behaviours, emotional understanding/management of emotions, anxiety levels, social understanding, attachment difficulties, awareness of danger, self-esteem/confidence* | |
| **Strengths and current functioning *–*** *comment on**what the child or young person can do well or is in the process of developing* | **Special Educational Needs** *– comment on the child or young person’s identified need, areas of difficulty/challenge* |
|  |  |
| **Communication and Interaction areas to report on:** *functional ability to understand, functional ability to express themselves/ideas, social communication/interaction skills (including conversation and higher level language skills)* | |
| **Strengths and current functioning *–*** *comment on**what the child or young person can do well or is in the process of developing* | **Special Educational Needs** *– comment on the child or young person’s identified need, areas of difficulty/challenge* |
|  |  |
| **Physical and/or Sensory Needs areas to report on:** *fine and gross motor skills, coordination, balance, proprioceptive ability, core strength, posture, sensory processing difficulties, sensory needs – visual (are they registered blind)hearing impairment (have access to equipment), self-care and independence (where this impacts on learning)* | |
| **Strengths and current functioning *–*** *comment on**what the child or young person can do well or is in the process of developing* | **Special Educational Needs** *– comment on the child or young person’s identified need, areas of difficulty/challenge* |
|  |  |

**The child/young person’s health needs related to their special educational needs.**

*please include health care plans/risk assessments in place and share professional reports from health professionals (last 12 months)*

|  |  |
| --- | --- |
| Area of need | Explanation |
|  |  |

**The child/young person’s social needs related to their special educational needs.**

please include Pupil Education Plan (PEP) any other relevant social care plans (Child in Need/Child Protection) involvement from Tameside Families Together

|  |  |
| --- | --- |
| Area of need | Explanation |
|  |  |

**Provision Map**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified need | Anticipated outcome | Description of provision   * Activity * Staff:pupil ratio * Frequency and time of sessions * Grouping * Curriculum and teaching methods | Cost per academic year  *(Schools should make the first £6k of provision from delegated funding, further funding is made available via high needs funding bands.)* | Response to provision  (reasons for success or lack of success of provision) |
| *Eg. Poor letter formation and writing speed* | *To be able to write simple text independently eg birthday card, post card* | *1:4 group using ‘write from the start’ 3x15 min sessions weekly TA2* | *£439.12 (1hour per annumTA2) x 0.75 =329.34/4 (chdn in group)=£82.34 pa* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total Cost** |  |

|  |
| --- |
| General comments about the success of this provision map and factors to be taken into account when planning future provision. |

**Referrer**

I have completed this form with the most current information held, I have discussed it in full with the family and child/young person appropriately and provided a copy of the assessment pack to the family.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referrer |  | Agency |  |
| Position |  | Date |  |
| Signature |  | | |

**Child/Young Person**

I agree that this referral gives an accurate reflection of my needs and the help I think I need to be successful in school

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Parents/Carers**

I am in support of this request for Statutory Assessment of Special Educational Needs, school has fully involved me in discussions and planning for my child, I have been provided with a copy of this referral and the supporting documents.

In signing this form you are agreeing to information being gathered from and shared with the agencies named, if you disagree or would prefer particular agencies excluded please give details below

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent/Carer |  | Date |  |
| Signature |  | | |

**Head Teacher/Principal/Setting Manager**

I agree that my school has used its best endeavours to meet the Special Educational Needs of this child. I am in support of this request for further and additional support than could be provided from our own resources.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Signature |  | | |

**Please return completed form and supporting documents to:**

[**senteam@tameside.gov.uk**](mailto:senteam@tameside.gov.uk)

**Special Educational Needs Team**

**Hyde Town Hall**

**Market Street**

**Hyde**

**Tameside MBC**

**SK14 1AL**

Ensuring that documents are sent securely and meet with data protection requirements is your responsibility.

In case of query, please contact SEN team 0161 342 4433