

Northcott Autistic Spectrum Disorder Outreach Service

Referral Form 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **GENDER** |  |
| **DATE OF BIRTH** |  | **EAL** |  |

|  |  |
| --- | --- |
| **HOME ADDRESS** |  |
| **Tel. No.** |  |
| **PARENT/CARERS NAMES** |  |

|  |  |
| --- | --- |
| **SCHOOL** |  |
| **TEL. NO.** |  |
| **HEAD** |  |
| **SENCO** |  |
| **EDUCATIONAL PSYCHOLOGIST** |  |

# Involvement of Other Agencies

|  |  |
| --- | --- |
| AGENCY | CONTACT PERSON |
|  |  |
|  |  |

**EHCP YES NO**

# PLEASE ENCLOSE EHCP (IF APPLICABLE)

 **EHCP ATTACHED**

# Diagnosis

# Has a diagnosis of ASD / Has been accepted on Autism Pathway

# Asperger’

# Referral to Neurological Services (Autism) made by / diagnosis from Neurological Services (Autism) made by:

|  |  |
| --- | --- |
| **NAME** |  |
| **POSITION** |  |
| **DATE** |  |

**Please note we can only accept referrals if one of these boxes is checked and the information above is complete and correct. From 4.01.22 you must provide evidence of the above alongside this referral form. Without this evidence the referral will not be accepted.**

**Referral to the Northcott Outreach Service (TO BE COMPLETED BY THE SCHOOL)**

**Main areas of difficulty:**

**Reason for referral:**

**PARENTAL PERMISSION:**

I give my permission for members of the Northcott Autistic Spectrum Disorder Outreach Service to work with my child in school, to discuss his/her educational needs with relevant staff, and to access appropriate school records. I understand that the Northcott Outreach teachers may need to share information relating to my child with other statutory agencies, e.g. Speech & Language Therapists, Educational Psychologists. The Outreach service securely store information in line with the schools GDPR policy. A copy of this policy can be obtained from Vicky Carmichael at Northcott School, Dulverton Close, Hull, HU7 4EL.

|  |
| --- |
| **PARENT’S SIGNATURE:** |
| **DATE:** |

|  |
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| **HEADTEACHER’S SIGNATURE:** |
| **DATE:** |

**Completed form to be emailed with proof to:** outreach@northcottschool.org.uk



Northcott Autistic Spectrum Disorder Outreach Service

**Photograph and Video Consent Form**

The Northcott Outreach Service takes the welfare of its pupils very seriously and has a policy for making sure that photographs and videos of pupils will not be misused.

The Northcott Outreach Service may use photographs and/or videos of pupils for training, observations, resources and recording pupils’ progress. The images will not be published on any website or in any literature. In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children.

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**PARENTAL PERMISSION**

I ……………………………………………. (parent/carer) consent to the Northcott Outreach Service photographing or videoing ……………………………………… (child’s name) for the purpose of:

* Observations
* Recording progress
* Resources
* Training

Signature……………………………….. Date …………………………………….