

REFERRAL FORM

Name			
Date of Birth			
Home Address			
Parent/Carer			
Contact details	Telephone numbers: Email:		
Nursery/pre-	Name:		
school/school details	Address:		
	SENCO:	Key worker:	1
	Telephone number:	Eı	mail:
Additional Information:			
Gender:	Ethnicity:		Diagnosis/ Medical conditions:
Current year group:	ECHP:	Yes No	
Reasons for referring:	1		
Communication and Interaction			Cognition and learning
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INVOLVEMENT OF OTHER AGENCIES/PROFESSIONALS

Agency/Role	Contact Details

DAYS \underline{AND} TIMES ATTENDING SETTING (please ensure day and time is entered and indicate sessions where a child has support)

	AM	Times child is actively supported and named person	PM	Times child is actively supported and named person
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				



Please describe your areas of concern in relation to the learner.
Where did you hear about our service?
How do you think our service can help?

Overview of our service

As part of our service, we offer the following:

- Support package tailored to the learner's needs
- Develop staff knowledge and practical skills
- Model strategies to support and develop communication and interaction
- Implementation of individualised resources
- Training packages
- Termly progress reports

The Outreach Service works closely with allocated keyworkers in order to provide them with the knowledge and the skills to support learners with severe learning difficulties/complex needs. This provides consistency and sustainability in the implementation of strategies or resources, providing effective support for the learner.

It is the settings responsibility to support the learner between visits using suggested strategies/resources that have been provided and modelled in outreach visits.

The service's support may be reviewed if recommendations are not followed.



PARENTAL PERMISSION

I give permission for members of the SLD 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 the SLD outreach staff may need to share information relating to my child with other statutory agencies e.g., Speech and Language Therapists, Educational Psychologists etc.

Parents signature							
Date							
Head teacher/							
Managers Signature							
Date							
	Photograph and Video Consent Form						
The SLD 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.							
recording pupils' progress an accordance with our child pr	nay use photographs and /or videos of pupils for training, resource and d the images will not be published on any website or in any literature. In otection policy, we will not permit photographs, video, or other images of young he consent of the parents/carers and children.						
PARENTAL PERMISSION							
I(paren	t/carer) consent SLD Outreach Service photographing or videoing e) for the purpose of:						
Recording progress							
 Resources 							
 Training 	• Training						
Signature							
Date							