Referral date by school:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pupil name  DOB |  | Male/Female  First language  Ethnicity |  | LAC  Pupil Premium  CIN/CPP | Yes/No  Yes/No  Yes/No |
| Parents/Carers | | Address | | Contact numbers | |
|  | |  | |  | |
| Parent/carer email: | |  | | | |
| Family Support in place? | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School |  | | Year Group |  |
| SENCO | Name:  Email: | | | |
| Class Teacher | Name:  Email: | TA Name:  Email: | | |

|  |  |
| --- | --- |
| Reason for referral  Evidence of Graduated Response (strategies tried and impact)  Copy of graduated approach attached YES NO | |
| **Known to**  SEN: Yes/No  Educational psychology: Yes/No  Support Plan Yes/ No  EHCP in place: Yes/No | Agencies involved with child, eg SALT, IPASS, EP, CAMHS etc? |

I support this referral: Signed ………………………………………. Head teacher/SENCO

I support this referral: Signed ………………………………………. Parent/Carer

By giving this consent as the parent/carer you agree that relevant information may be shared with other agencies and professionals. These agencies may include Child & Adolescent Mental Health Service (CAMHS), Health, Social Care and other Education Services.

**Email referral to** stsoutreach@vennacademy.org