**New In Country Pathway**

**Referral Form for Needs Assessment**

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| **NIC eligibility:**1. ***New in Country and City e.g.  recently arrived no more than 3 months resident in the city.***
2. ***Evident complex medical and health needs e.g., may be non-ambulant; have an evident physical disability; incontinent; moving and handling needs; possible equipment needs.***
3. ***May have evidence of having the equivalent of an EHCP from another country.***
4. ***No universal communication method in their first language.***
5. ***Requires specialist support/input and advice around equipment, environment, and mobility to ensure safe access to the school environment.***
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| **Does this learner meet the criteria for the New in Country Pathway? Please highlight or tick which statements above apply.**  | **Yes- *Eligible for NIC funding and fast track EHCNA*** |
| **NO – Eligible for fast track EHCNA** |
| **NO - Eligible for interim funding to support time limited transition period and determine if ECHNAR is appropriate** |
| **NO- *needs can be met through QFT, graduated response and referral support.***  |

**Please provide as much information as possible to help speed up the process**

**If information is unknown, please leave blank or state ‘don’t know’**

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| **Full name** |  | **Known as** |  |
| **Date of Birth** |  | **Gender** |  |
| **Home address** |  | **Person(s) with parental responsibility** |  |
| **Referral submitted by** |  | **Role** |  |
| **Organisation** |  | **Contact details** |  |
| **Signature** |  | **Date** |  |

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| **Family Dynamics** |
| Where did the family reside before coming to England? |  |
| When did the family arrive in the UK? |  |
| When did the family arrive in Hull? |  |
| Are they seeking asylum? | Yes | No | Don’t know |
| Who in the family is currently living in Hull? |  |
| What is the families first language?  |  |
| Are parents able to read and write in their first language? |  |
| Do they require an interpreter present in meeting to access information? | Yes | No |

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| **Current placement** |
| Has a local setting been secured? | Yes | No |
| Name of setting |  |
| If yes, are they attending | Full time | Part time | Other |
| Description of current timetable if not full time |
| Further details (including reasons if not currently in a setting) |

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| **Medical Information / physical and sensory needs** |
| Are the family registered with a GP  | Yes | No | Don’t know |
| If yes: name of GP surgery |
| Does the learner have any identified medical conditions?  | Yes | No | Don’t know |
| Are there any supporting documents as confirmation? | \*Yes | No | Don’t know |
| \*If yes, provide copies with this referral |
| Does the learner take any medication? | Yes | No | Don’t know |
| If yes, provide details of what and when |
| Is the learner ambulant? | Yes | No | Don’t know |
| Do they have moving and handling needs? | Yes | No | Don’t know |
| If yes, provide details of equipment required and the potential impact on access to a setting |
| Is the learner continent? | Yes | No | Don’t know |
| If no, provide details of equipment/ support required |
| Can the learner feed / drink independently? | Yes | No | Don’t know |
| Please provide details of equipment requirements if known |
| Any identified VI / HI needs? | Yes | No | Don’t know |
| If yes, provide details of equipment required |

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| **Communication and Interaction** |
| Can the learner express themselves verbally in English? | Yes | No | Don’t know |
| Can they express themselves in their first language? | Yes | No | Don’t know |
| Provide details of any verbal difficulties |
| If non-verbal, provide details regarding how they communicate |

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| **Agencies involved with supporting the family**  |
| Service | Contact details |
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| **Referrals made** |
| Service | Date of referral |
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| **Referral outcome** |
| Referral not accepted | Referral accepted |
| Date of meeting in setting |  |
| Home visit arranged |  |
| Phone call needed for further information | Yes | No |
| Referral processed by |  |