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| V5  **Kirklees Specialist Provision Service**  Empire House – 3rd Floor  Wakefield Old Road  Dewsbury  WF12 8DJ  Tel: 01924 483744  Email: [specialist.provisions@kirklees.gov.uk](mailto:specialist.provisions@kirklees.gov.uk)  **Specialist Support should have been discussed with parents/guardians and their agreement obtained before this form is completed.**  **Please indicate which support you are requesting:**  **Visual Impairment**  **Hearing Impairment**    **Physical Impairment**  **Complex Communication and Interaction Needs (CCIN)**  **Social Emotional Mental Health Needs (SEMH) Reception and Years 1 2 & 3 only**  **If selecting CCIN, please tick if any of the statements below apply.**    **The pupil is on an ASD assessment waiting list**    **The pupil has a diagnosis of ASD** |
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| **Kirklees Specialist Provisions Referral Form** |
| **Section 1: Child Details** |
| Surname:       First Name(s):       Previous Names (AKA):  Male  Female  Date of Birth:       Unique Pupil No:  Year Group:  Name & Address of School/Setting:       Current Attendance %: |

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| **Section 2: Parent/Carer Details** |
| Mr/Mrs/Miss/Other:       Full Name:  Address:  Telephone Number/s:       Relationship to child:  1st Language:       Interpreter/signer required for Parent/Carer: Yes  No  Does this person have Parental Responsibility: Yes  No  if No:    Name of person with Parental Responsibility:  Telephone Number/s:       Relationship to child: |

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| **Section 3: Person completing this form (For all CCIN and SEMH referrals this must be either the SENCO or a member of the Senior Leadership Team)** |
| Designation/Title:       Full Name:  Contact Number:       Contact Email:    Date Form Completed: |

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| **Section 4: Special Educational Needs – does the child have a:**  **My Support plan or equivalent EHC Plan**  **For all CCIN and SEMH referrals a minimum of an MSP must be in place to be considered at our panel meeting.** |

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| **Section 5: Outside agencies actively involved at the time of referral** | | |
| Agency | Name | Date of last involvement |
| Educational psychologist (EP) |  |  |
| Pupil Referral Service (PRS) |  |  |
| Educational Support team for Looked After Children (LAC) |  |  |
| Attendance and Pupil Support Service (APSO) |  |  |
| Children with Disability team |  |  |
| Family Support and Child Protection Services (Social Worker) |  |  |
| Integrated Youth Support Service |  |  |
| Speech and Language Therapist |  |  |
| Occupational Therapist |  |  |
| Physiotherapist |  |  |
| Paediatrician |  |  |
| Medical Professionals |  |  |
| CAHMS |  |  |
| Other |  |  |

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| **Section 6: Current school attainment data (please tick appropriate box)** | | | | |
| Attainment descriptors | English: Reading | English:  Writing | English:  SPAG | Maths |
| Working below age related expectations (by three years or more) |  |  |  |  |
| Working towards age related expectations |  |  |  |  |
| Working above age related expectations |  |  |  |  |
| Working at age related expectations |  |  |  |  |

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| **Section 7: Current situation** *(What are your concerns? Please be as specific as possible?)* |
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| **Section 8: Strategies used** *(describe any strategies that have already been used to support the young person, including whole school, class and individual approaches. Please state how effectively they have been). We would expect the school to have used the graduated approach to inform interventions before a referral to the outreach team is made.* | | |
| **Area of Need** | **Strategies Used** | **Outcome** |
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| **Section 9: Desired outcome of involvement** *(Please describe how you feel the outreach team can be most useful in offering support to your setting. Please be as specific as possible)* |
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| **Section 10: Parents Views:** |
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| **Section 11: Child’s Views** |
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| **Section 12: Parent agreement** |
| I agree to this referral being made and for members of the Kirklees Specialist Provision Service to work with my child to support their Special Educational Needs (SEN).  Parent/Carer Signature: Date:  **Privacy Notice**  When a referral is made to the service we collect and process information about your child under Article 6(1)(e) and Article (9(2)(c) of the GDPR, in order to fulfil our statutory obligations under the Education Act 1996 and the Children and Families Act 2014.  **We have a duty to make sure that we only ask you for personal information that is relevant to our role and the work we are doing; that we only record and keep information about you if we need it for the purpose of our work and to store your personal information safely so that others can't access it.**  Your child’s information will be stored securely and kept in line with Kirklees’ retention schedule. If you would like further information about how we manage your data, please see the privacy notice for Kirklees Council at [www.kirklees.gov.uk/privacy](http://www.kirklees.gov.uk/privacy)  If you would like further information about the Kirklees Specialist Provisions privacy notice, please contact: [specialist.provisions@kirklees.gov.uk](mailto:specialist.provisions@kirklees.gov.uk)  If you have any worries or questions about how your personal data is handled, please contact the Data Protection Officer at [DPO@kirklees.gov.uk](mailto:DPO@kirklees.gov.uk) or by ringing 01484 221000. |

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| Please return via Anycomms to Specialist Provision or contact Kelly Smith with any queries on Tel: 01924 483744 |