**Kirklees Specialist Provision Service**

Empire House – 3rd Floor

Wakefield Old Road

Dewsbury

WF12 8DJ

Tel: 01924 483744

Email: specialist.provisions@kirklees.gov.uk

***Please send completed referrals via anycomms to ‘Specialist Provision’***

***Specialist support should have been discussed with parents/guardians and their agreement obtained before this form is completed.***

*Please note: all referral forms should be typed and not handwritten.*

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| **Please indicate which support you are requesting:** [ ]  **Visual Impairment** [ ]  **Hearing Impairment** [ ]  **Physical Impairment** [ ]  **Moving and Handling advice/training** [ ]  **Social Emotional Mental Health Needs (SEMH) Reception & Years 1 2 & 3 only**[ ]  **Complex Communication and Interaction Needs (CCIN)***For CCIN please tick the statements that apply:*[ ]  **The pupil has a diagnosis of ASC**[ ]  Diagnostic report attached/on Gateway (parental consent)[ ]  **The pupil is on the Neurodevelopmental Pathway (ASC)** [ ]  Referral form to ND Pathway attached/on Gateway (parental consent)Referred by: name and title of referrer. Date referred:  **date.** [ ]  **Other co-occurring conditions:** other conditions. **Please indicate type of referral:**[ ] New referral [ ] Re-referral |

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| **Kirklees Specialist Provisions Referral Form** |
| **Section 1: Child Details** |
| Surname: Surname. First Name(s): First na me. Previous Names (AKA): A K AMale [ ]  Female [ ]  Date of Birth: dd/mm/yyyy Unique Pupil No: enter text.Year Group: year Name & Address of School/Setting: name of school . Current Attendance %: att %. |

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| **Section 2: Parent/Carer Details** |
| Mr/Mrs/Miss/Other: Title Full Name: first name and surname .Address: Click or tap here to enter full address and postode.Telephone Number/s: Click here to enter text. Email Address Click or tap here to enter text.Relationship to child: Relationship to child1st Language: 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: first name and surname .Telephone Number/s: Click here to enter text. Relationship to child: Click here to enter text. |

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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: Title Full Name: first name and surname .Contact Number: Click here to enter text. Contact Email: Click or tap here to enter text. Date Form Completed: date  |

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

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| **Section 5: Outside agencies involved** |
| Agency | Name  | Date of last involvement |
| Educational psychologist (EP) |  |  |
| Pupil Referral Service (PRS) |  |  |
| Speech and Language Therapist (SALT) |  |  |
| EYSEN/Portex |  |  |
| 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 |  |  |
| 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 3 years or more) |  |  |  |  |
| Working **towards** age related expectations |  |  |  |  |
| Working **at** age related expectations  |  |  |  |  |
| Working **above** 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** *Referring to the Kirklees Guidance for schools - Graduated Approach describe the strategies that have already been used to support the child, including whole school, class and individual approaches. Please state how effective they have been.*  |
| **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** *These can be dictated, written, in the form of Talking Mats, visuals or indirectly via observations.* |
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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 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 or by ringing 01484 221000. |