**INITIAL REFERRAL FORM** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Child’s Name: Child’s UPN:Child’s Ethnicity Code: | DOB:Year Group: Attendance: |
| School: Class Name: | Head Teacher: SENCo:Class Teacher: (Please highlight the primary contact.) |
| Tel: | Email: |
| Does the child have English as an Additional Language (EAL)? Yes / NoIf yes, please specify the extent to which this impacts on communication: |
| Does the pupil qualify for pupil premium? Yes / No |
| Does the pupil receive free school meals? Yes / No |
| Select any of the following that apply: Child in Care / Child Protection Plan / Child in Need |
| Does the pupil have an EHCP? Yes / No / Statutory Assessment Underway |
| Does the child have a diagnosis of SEND? Yes / No If yes, please specify: |
| Are other agencies currently involved? Yes / NoIf yes, please specify: |
| Number of fixed term exclusions in the last 12 months: |
| Previous Schools: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Below ARE | At ARE | Above ARE |
| Reading |  |  |  |
| Writing |  |  |  |
| Maths |  |  |  |

What is the pupil’s current attainment for the following?

|  |
| --- |
| Reason for referral: |
| Support currently in place: |
| Any known triggers / recent change in circumstance? |
| Indicate areas of success, strengths and likes: |

|  |
| --- |
| Any strategies shown to be effective? (Even for a short amount of time.) |

|  |
| --- |
| What would be your expected outcome from the support given? |

When complete, email to Teacher in Charge: **d.edwards@woodwayfederation.co.uk**

|  |
| --- |
| Proposed schedule of support (to be completed by NSO team):Review date: |

|  |
| --- |
| Next steps (to be completed by NSO team): |