**Kirklees Specialist Outreach Services**

Empire House – 3rd Floor

Wakefield Old Road

Dewsbury

WF12 8DJ

Tel: 01484 225788

Email: [specialist.provisions@kirklees.gov.uk](mailto:specialist.provisions@kirklees.gov.uk)

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

***Support from Specialist Outreach Services must be discussed with parents/carers and their agreement obtained before this form is completed.***

***All completed forms must be checked and signed by the SENDCo or member of SLT.***

*Please note: all referral forms must be* ***typed*** *and not handwritten on* ***V10***[Kirklees Specialist Outreach referral forms | Specialist Outreach | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/sendco-professional-information-and-resources-page/specialist-outreach/kirklees-specialist-outreach-referral-forms/)

*Prior to submission, please ensure you have: (tick each box when completed)*

☐ Fully completed sections 1-13.

☐ Ensured the referral has been counter-signed by SENDCo or member of SLT.

☐ Uploaded relevant documentation (MSP, I-APDR, EHCP, diagnostic reports, data)

☐ Met with parent/carers to obtain their views and desired outcomes.

☐ Gathered and included parent/carer views.

☐ Gathered and included child views (using any relevant format – see hyperlink on Section 12 for support).

Obtained and included parent/carer signature.

|  |
| --- |
| **Please indicate which support you are requesting:**  **☐ Visual Impairment**  **☐ Hearing Impairment**  **☐ Physical Impairment**  **☐ Moving and Handling advice/training**  **☐ Cognition and Learning**  **☐ Complex Communication and Interaction Needs (CCIN)**  **☐** The pupil has a diagnosis of ASC.  **☐** Diagnostic report attached/on Gateway (parental consent).  **☐ Social Emotional Mental Health Needs (SEMH)**  Please attach any relevant data/reports E.g., BOXALL, SDQ, ADHD Diagnostic Report  **Neuro-developmental Pathway (NDP) information**  **Primary Area of Concern ☐ ASC ☐ ADHD ☐ Both**   * An NDP referral has been completed and submitted to THRIVE Kirklees **☐**   Date of submission dd/mm/yyyy   * The pupil has been **accepted/not accepted\*** onto the Neurodevelopmental Pathway for assessment.   \**Delete as appropriate.*  **☐ Other co-occurring conditions:** enter text.  **Please indicate type of referral:**  **☐** New referral **☐** Re-referral (date of previous referral) dd/mm/yyyy  Outreach Team involved enter text. |

|  |
| --- |
| **Section 1: Child Details** |
| Surname: Surname. First Name(s): First na me. Previous Names (AKA): A K A  Gender Surname. Date of Birth: dd/mm/yyyy Unique Pupil No: enter text.  Is the Child LAC? Yes No  Year Group: year  Name & Address of School/Setting: name of school .  Current Attendance %: att %.   |  |  |  |  | | --- | --- | --- | --- | |  | Term 1 | Term 2 | Term 3 | | Previous Attendance |  |  |  |   Reduced (Part Time) Timetable Yes ☐ No ☐  [Reduced (part-time) timetables in school | General information and advice | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/information-and-advice/general-information-and-advice/reduced-part-time-timetables-in-school/) |

|  |
| --- |
| **Section 2: Parent/Carer Details** |
| 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 child  1st 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. |

|  |
| --- |
| **Section 3: Persons involved in completing this form** |
| Job Title: first name and surname .  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  SENDCo/SLT authorised signature first name and surname .  SENDCo/SLT Name: first name and surname . |

|  |
| --- |
| **Section 4: Special Educational Needs**  *For all school referrals please include clear evidence of* ***at least one cycle*** *of Assess, Plan, Do, Review, as outlined in the Graduated Approach Documentation, using a document such as a MSP, I-APDR, or Equivalent.*  [New Kirklees Graduated Approach Documents | Graduated Approach (Inc SEN Support and MSP) | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/sendco-professional-information-and-resources-page/graduated-approach-inc-sen-support-and-msp/new-kirklees-graduated-approach-documents/) |
| **My Support Plan/I-APDR/Equivalent ☐ EHC Plan ☐**  This document **must** be uploaded with all referrals.  PLEASE NOTE, IF AN EQUIVALENT DOCUMENT IS USED, PANEL WILL NEED TO SEE SUFFICIENT AND DETAILED EVIDENCE OF INDIVIDUAL STRATEGIES AND INTERVENTIONS USED. IT WILL BE AT THEIR DISCRETION WHETHER TO REQUEST ADDITIONAL INFORMATION TO INFORM DECISION MAKING. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 5: Outside agencies involved.**  **PLEASE INCLUDE BOTH CURRENT AND HISTORIC INVOLVEMENT** | | | |
| Agency | Name | Date of last involvement |
| Educational psychologist (EP) |  |  |
| An Alternate Provision |  |  |
| Speech and Language Therapist (SALT) |  |  |
| EYSEN/Portex |  |  |
| Virtual School (Children in Care) |  |  |
| Attendance and Pupil Support Service (APSO) |  |  |
| Children with Disability team |  |  |
| Early Help / Family Support |  |  |
| Child Protection Services (Social Worker) |  |  |
| Youth Engagement Services |  |  |
| Occupational Therapist |  |  |
| Physiotherapist |  |  |
| Paediatrician |  |  |
| Medical Professionals |  |  |
| CAMHS/Deaf CAMHS |  |  |
| MHST – Mental Health Support Team |  |  |
| MST – Multi-Systemic Therapy |  |  |
| Other |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 6: Current school attainment data (please use 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 |  |  |  |  |

|  |
| --- |
| **Section 7: Attainment data and interventions** |
| *Please provide information in the box below about other relevant assessments, such as reading age, spelling age.* |
|  |
| *Which assessment tools are school using to assess the progress of the pupil? For example Pre key stage standards, PIVATS, progression steps.* |
|  |
| *What levels is the pupil currently working at in relation to age group for reading, writing and maths?*  *For example a pupil may be in year 4 but working at a year 1 level in writing. Please provide the attainment data for the last 3 terms for the pupil.* |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Term 1** | **Term 2** | **Term 3** | | **Reading** |  |  |  | | **Writing** |  |  |  | | **Maths** |  |  |  | |
| *Please provide information about interventions on the pupil’s timetable, and progress in relation to these.* |
| |  |  |  | | --- | --- | --- | | **Intervention** | **Time and duration** | **Progress** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

|  |
| --- |
| **Section 8: Current situation**  *What are your concerns? Please be as specific as possible.* |
|  |

|  |  |  |
| --- | --- | --- |
| **Section 9: Strategies used**  Referring to the Kirklees offer of Inclusive High-Quality Teaching Audit Tool for Teachers and the 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.  [Inclusive High Quality Teaching Audit Tool | Inclusive High Quality Teaching toolkit | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/sendco-professional-information-and-resources-page/inclusive-high-quality-teaching-toolkit/inclusive-high-quality-teaching-audit-tool/)  [New Kirklees Graduated Approach Documents | Graduated Approach (Inc SEN Support and MSP) | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/sendco-professional-information-and-resources-page/graduated-approach-inc-sen-support-and-msp/new-kirklees-graduated-approach-documents/) | | |
| **Area of Need** | **Strategies Used** | **Outcome** |
| **HI/VI/PI** |  |  |
| **C&L** |  |  |
| **SEMH** |  |  |
| **CCI** |  |  |

|  |
| --- |
| **Section 10: Desired outcome(s) 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.* |
|  |

|  |
| --- |
| **Section 11: Parents/carers Views:**  *School need to meet with parents/carers to capture their views. This should be a collaborative meeting where parents/carers play an active role in contributing to school based outcomes of any potential involvement.* |
|  |

|  |
| --- |
| **Section 12: Child’s Views**  *These can be dictated, written, in the form of Talking Mats, visuals or indirectly via observations.* [Person Centred planning tools | Tools, resources and training | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/sendco-professional-information-and-resources-page/tools-resources-and-training/person-centred-planning-tools/)  *Children have a right to express an opinion and to have that opinion taken into account in any matters affecting them from the early years. Their views should be given due weight according to their age, maturity and capability (Articles 12 and 13 of the United Nations Convention on the Rights of the Child).* |
|  |

|  |
| --- |
| **Section 13: Parent/carer agreement** |
| I agree to this referral being made and for members of the Kirklees Specialist Outreach Services 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. |