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| **PUPIL** information | **SCHOOL** information |
| **Name of pupil:** |  | **Name of school / academy:** |  |
| **Date of birth:** |  | **NC Year:** |  | **Telephone number:** |  |
| **Does the pupil have an EHCP?** | *\*yes / no* | **Name of headteacher / principal:** |  |
| **Does the pupil have an EHA?** | *\*yes / no* |
|  *\* If ‘yes’ to either of the above, please attach a copy*  | **Name of teacher:** |  |
| **If the pupil receives high needs funding,** **please state which band:** | BAND:  |
| **Are there any current or historical** **safeguarding concerns we need to be aware of?**  ***\*****We may require further information* | *\*yes / no* | **Name of SENCO:** |  |
| **Has the pupil ever received support from** **Fiveways School?** | *yes / no* | **Name of person making this referral:** |  |
| **Has the pupil ever received support from** **Fairmead School?** | *yes / no* |  ***Please tick this box to confirm that mandatory parental/carer consent for this .referral has been obtained by the school.***  |  |
| **Other support agencies involved** **with this pupil:** |  |
| **Description of attendance:** |  |
|  |
| **Out of 10, how confident does your school feel in meeting this pupil’s needs?*****1****= lowest score /* ***10*** *= top score* |  |
| **National Curriculum Progress** – compared against the expected level of attainment for his/her age *(please tick):* |
| **Description** | **Speaking and Listening** | **Reading** | **Writing** | **Mathematics** |
| **Below** the expected level |  |  |  |  |
| **Towards** the expected level |  |  |  |  |
| **Within** the expected level  |  |  |  |  |
| **Beyond** the expected level |  |  |  |  |

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| **Identified needs and / or****additional difficulties:** |  |
| **Current provision in place:** |  |
| **Area of concern:** |  |
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| **How do you feel the Outreach Team could best support this referral?** |  |
|  |
| **Additional information / comments:**  | **DATE of referral:** |
|  |
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| **PLEASE RETURN TO** | office:ssps.org.uk **– with your lead professional highlighted** (if known) 01935 410793 |
| ***Data Sharing (GDPR)***  | *Personal data provided will only be disclosed to outreach team members supporting the pupil. Please contact us if you have any enquiries regarding personal data held by SSPS Outreach Service.* |

TO BE KEPT ON FILE BY THE SCHOOL



