

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | | |  | | | |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified needs and / or**  **additional difficulties:** | |  | |
| **Current provision in place:** | |  | |
| **Area of concern:** | |  | |
|  | | | |
| **How do you feel the Outreach Team could best support this referral?** | |  | |
|  | | | |
| **Additional information / comments:** | | | **DATE of referral:** |
|  |
|  | | | |
| **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



