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| Please complete **ALL** areas of this form with as much information as possible so that your request may be processed quickly.  Please send this form, once completed by AnyComms+ to ‘Southampton Inclusion Partnership & Outreach’. Please do NOT send this form by email due to data protection issues. If you have any problems, please contact info@southamptonoutreach.net | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | **School Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Name | | | |  | | | | | | | | | | Admission Date | | | | | | | |  | | | | | | | |
| **2** | **Student Details** | | | | | | | | | | | | | **3** | | **Registration** | | | | | | | | | | | | | |
| Preferred Forename | | | |  | | | | | | | | | | Year Group | | | | | | | |  | | | | | | | |
| Legal Surname | | | |  | | | | | | | | | | CLA Status | | | | | | | |  | | | | | | | |
| Preferred Surname | | | |  | | | | | | | | | | Caring Authority | | | | | | | |  | | | | | | | |
| Gender | | | |  | | | | | | | | | | Pupil Premium | | | | | | | |  | | | | | | | |
| Date of Birth | | | |  | | | | | | | | | | UPN | | | | | | | |  | | | | | | | |
| **4** | **Parent / Carer: Home Address** | | | | | | | | | | | | | **5** | | **Main Telephones** | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | Home Telephone | | | | | | | |  | | | | | | | |
| Relationship | | | |  | | | | | | | | | | Main Mobile | | | | | | | |  | | | | | | | |
| Number House | | | |  | | | | | | | | | | Street | | | | | | | |  | | | | | | | |
| Town | | | |  | | | | | | | | | | Postcode | | | | | | | |  | | | | | | | |
| **6** | **Home Languages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main Home Language | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pupil’s Language of Birth | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has a first language assessment been completed? | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7** | **Previous Schools**  Please include previous schools | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School** | | | **Arrival**  **Date** | | | | | | **Leaving Date** | | | | | **Reason For Leaving** | | | | | | | | | | | | | | | |
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| 8 | **Agencies**  Please give details of agencies involved (In the last 24 months) with the pupil and/or family and attach any relevant documents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency** | | | | **Link Person** | | | | | | | | | | **Contact Details** | | | | | | | | | | **Date from** | | | | **Date ended** | |
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| **9** | **Core Subjects Student Attainment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subject** | | | | | **National Curriculum Year currently working at** | | | | | | | | | | | | **Notes if appropriate** | | | | | | | | | | | | |
| Reading | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Writing | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| English Overall | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Mathematics | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Science | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Pre-Key Stage Standards at the end of KS1 (if appropriate) | | | | | | | | | | Reading – | | | | | | | | | | | | | | | | | | | |
| Writing – | | | | | | | | | | | | | | | | | | | |
| Maths – | | | | | | | | | | | | | | | | | | | |
| Pre-Key Stage Standards at the end of KS2 (if appropriate) | | | | | | | | | | Reading – | | | | | | | | | | | | | | | | | | | |
| Writing – | | | | | | | | | | | | | | | | | | | |
| Maths – | | | | | | | | | | | | | | | | | | | |
| Is this pupil working on the Engagement Model? If yes, please submit their Engagement Profile with the referral. | | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | | | |
| **10** | **SEND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the pupil currently registered at SEND Support? | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | | | |
| Does the pupil currently have an EHCP/Statement of SEN? (Please tick) | | | | | | | | Yes | | | | | | | No | | | | | | In Progress | | | | | | Submitted but declined | | |
| Broad area of need  (Please number in order of significance) | | Cognition and Learning | | | | | | | | | Communication and Interaction | | | | | | | Sensory and/or physical | | | | | | | Social, Emotional and Mental Health Needs | | | | |
|  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | |
| Category of need | | Specify category, e.g. ASC, SpLD, ADHD, SLCN etc | | | | | | | | | Specify any medical need | | | | | | | Specify any diagnosis | | | | | | | Date of diagnosis | | | | |
|  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | |
| Overview of learner’s special educational needs | | Please include a detailed overview of the pupil’s needs and barriers to learning. Delays may occur if this section is not completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cognition + Learning** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Communication + Interaction** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sensory and/or physical** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social Emotional and Mental health (including behaviour)** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical information including diagnosis | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Interventions** | | | | | | **When Started** | | | | **How long for** | | | | | | | | | **Impact** | | | | | | | | | | |
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| **11** | **Pupil targets.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Target** | | | | | | | **Last reviewed** | | | | | **Impact** | | | | | | | | | | | | | | | | | |
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| **12** | **Reasons for referral**  **Please give specific details of the nature and frequency of the difficulties the pupil experiences and the specific reasons for requesting the Southampton Inclusion Partnership & Outreach Service.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **13** | **What impact would you like a short, time limited Southampton Inclusion Partnership & Outreach Service package to achieve for this pupil?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **14** | **Please indicate particular areas of success for the pupil, strengths and interests.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **15** | **Please confirm the level of individual support that will be available to the Southampton Inclusion Partnership & Outreach Service team from the school during the intervention.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **16** | **Attitude to Learning** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **17** | **Attendance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Academic Year** | | | **% Present** | | | | | | **% Late** | | | | | **% Authorised Absence** | | | | | | **% Unauthorised Absence** | | | | | | **Evidence of action if attendance a concern** | | | |
| Current Year | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | |
| Previous Academic Year | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |
| Is the pupil on a reduced timetable? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO |
| If Yes:   1. What are the pupil’s current hours in school? 2. What actions are being taken to increase attendance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18** | **Exclusions Log**  Please include last 3 years records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year** | | | **No of Days** | | | | | | | **No of Exclusions** | | | | **Main reasons** | | | | | | | | | | | | | | | |
| Current Year | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | |
| Previous Academic Year | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | |

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| **19** | **Parents views on their child’s additional needs. Please ensure these are completed** | | | | | | | |
|  | | | | | | | | |
| **20** | **Pupil/student views. Please ensure these are completed** | | | | | | | |
|  | | | | | | | | |
| **21** | **For funded services – *Please note that Primary Schools have 2 funded referrals per year. Secondary Schools also have 2 funded referrals per year, to include at least one pupil in Yr 7. Further referrals are charged.* Please tick which of your referrals this applies to for the current academic year.** | | | | | | | |
| **Referral 1** | | | | | **Referral 2** | | | |
|  | | | | |  | | | |
| **22** | **For Charged services – Please tick what level of support you are requesting for the pupil** | | | | | | | |
| **Level of support** | | | | **Cost** | | **Quantity** | **Tick** | |
| Full package (6-8 weeks direct individual pupil support) | | | | £1700 | |  |  | |
| Consultancy problem solving support (up to 4 consultancy visits with reports). | | | | £1800 | |  |  | |
| Cohort /Year Group Intervention (up to 6 sessions across a term with visit records and action plan). | | | | £2500 | |  |  | |
| Consultancy ½ day (individual pupil) – no formal report provided. | | | | £235 | |  |  | |
| Consultancy ½ day (individual pupil) - to include a written report. | | | | £470 | |  |  | |
| I agree to fund the selected package of support:  **Signature** ………………………………………………………................................ | | | | | | | | |
| **23** | **Main School Contact**  Member of staff responsible for information on this form and service request. | | | | | | | |
| Date Application Submitted | |  | School Contact | | **Name** | | |  |
| **Email** | | |  |
| **Telephone Direct Line** | | |  |
| **Role in School** | | |  |
| **Privacy Notice** | | | | | | | | |
| **Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.**  **The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.**  **More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available online (**[**http://www.southampton.gov.uk/privacy**](http://www.southampton.gov.uk/privacy)**), or on request.** | | | | | | | | |

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| **24** | **Parental Permissions** | | | |
| **Please tick** to confirm you understand that your child will be discussed and supported by the Southampton Inclusion Partnership & Outreach Service**. Please ensure the parent has signed the form as we cannot proceed with your referral until we have parental permission.** | | | |  |
| Signed (Parent) | | Print Name | Date | |
| **Please tick** to confirm that parental permission has been granted | | | |  |
| Signed (Head Teacher) | | Print Name | Date | |
| Please use this space for any additional information you feel is appropriate. | | | | |
|  | | | | |

**Please send any supporting evidence with this referral. You will receive a confirmation email detailing further instruction within 10 days.**