**Springwood Primary School Outreach – Referral Form September 2024 to July 2025**

**General Data Protection Regulations 2018**

**The information requested on this form is required for the purpose of referring the named pupil to this service.**

**The information provided by you may be disclosed to other professionals working with this pupil for mandatory purposes such as education and safeguarding purposes.**

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| **Name of School**  **Address**  **Tel no.** |  | | **Name of Headteacher/ Manager** |  | | |
| **Name of pupil**  **Main language spoken at home:** |  | | **Name of SENDCo**  **e-mail address:** |  | | |
| **Date of Birth** |  | | **Other relevant information TAF/EHA/CIN/LAC** |  | | |
| **Year group** | **(as at September 2024)** | | **Other relevant information TAF/EHA/CIN/LAC** |
| **Class Teacher and LSA names:** |  | | **Recognised diagnosis or agreed SEND and relevant medical information:** |  | | |
| **SEN Stage:**  ☐SEN support  NB A pupil needs to have an EHCP to access Springwood Outreach.  ☐SENSA funding - number of hours:  ☐EHCP request in progress  ☐EHCP submitted  ☐EHCP issued   * + Date issued:   + Number of hours:   + Date of last review: | | | **Learning needs:** *ARE = age related expectations*  ☐ Working above ARE  ☐Working within ARE  ☐Working towards ARE  ☐Working significantly below ARE (at least 2 years)  ☐Pre-key stage 2  ☐Pre-key stage 1  ☐P Levels 1-4 | | | **Academic progress:**  ☐Exceeding expectations  ☐Making expected progress  ☐Making measurable small steps of progress  ☐Making limited progress  ☐Making no progress |
| **Summary of concerns from school:**  **Please state what your main concerns are/what you would like support with.** |  | | | | | |
| **Current support and strategies in place, please note outcomes/impacts:** |  | | | | | |
| **Are there any times and days when a visit from Springwood Outreach would NOT be possible**  **(e.g pupil on part time timetable etc)** | | | | | | |
| **Other professionals involved**  **Agency:** | | **Named person:** | **Date of last involvement:** | | **Paperwork enclosed/attached to referral:**  ☐EHCP  ☐Annual review paperwork  ☐Medical report  ☐EP report  ☐S&LT report  ☐OT report  ☐IEP/personal plan  ☐Behaviour Plan  ☐Other (please state): | |
| Speech and Language | |  |  | |
| Educational Psychologist | |  |  | |
| Occupational Therapist | |  |  | |
| Physiotherapist | |  |  | |
| Social Care | |  |  | |
| Advisory Teacher (VI, HI, A.C.E) | |  |  | |
| Behaviour Support | |  |  | |
| Paediatrician | |  |  | |
| Other – please state: | | | | |
| **Referral requested by:**  **HT / SENDCo /Manager**  **Sign and date:** | **By signing this form, you agree to the terms of the Service Level Agreement outlined below.**  ...............................................  ............................................... | | **Parent / Carer Consent:**  **Sign and date:** | **I agree for my child to be observed / assessed by a Springwood School Outreach worker and for the information to be shared with relevant agencies.**  ………………………………………...  ………………………………………... | | |
| **SERVICE LEVEL AGREEMENT:**  Commitment from Springwood Primary School Outreach Service:   * We will work together as part of a multi-agency team to support the needs and inclusion of the named pupil. * Provide feedback and recommendations as a result of observations and discussions. * Provide a written Support Visit Record detailing recommended advice, actions and progress since the last visit. * We will put the identified support/ training in place via discussions, visits, suggested next steps, invitations to Springwood and possible CPD options for all staff to build capacity. * Attend EHCP Reviews and other meetings, if appropriate (at least one term of input required). * Create routes for regular communication via email and telephone.   Commitment from mainstream school/setting:   * That you will work together as part of a multi-agency team to support the needs and inclusion of the named pupil. * On our first visit you will ensure the LSA/Teacher/SENDCo is available for discussion and for subsequent visits if appropriate. * To build capacity within the mainstream school to support the needs of all pupils with SEND. * To implement appropriate strategies and support within school as recommended by Springwood Primary School Outreach Service. * To provide Springwood Primary School Outreach Service with current information: IEP, EHC Plan, SEN support details, academic data. * To ensure parents are informed of Springwood Primary School Outreach Service’s involvement with the child. * Complete evaluations and provide evidence of Springwood Primary School Outreach Service’s input to support further development of the Outreach Service. | | | | | | |

**Please return to:** [**springwood.outreach@salford.gov.uk**](mailto:springwood.outreach@salford.gov.uk)