Springwood Outreach – Referral Form September 2026 to July 2027

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.

Name of School Address		**Name of Headteacher/ Manager**	
Telephone number		**Name of SENDCo** **e-mail address**	

Springwood Outreach is able to offer:

- **Support for individual pupils within your setting. - Please complete pages 2,3 & 4**
- **Support and advice around systems, environments, curriculum and classrooms within your setting – Please complete pages 5.**
- **Bespoke training to meet your specific requirements. Please email Springwood Outreach asking for a phone call to discuss this further.**

Support for an Individual Pupil:

<table>
<tr><td>Name of Pupil:</td><td></td><td>Year Group:</td><td colspan="2"></td></tr>
<tr><td>Date of Birth:</td><td></td><td>Other relevant information TAF/EHA/CIN/ CFC</td><td colspan="2"></td></tr>
<tr><td>Class Teacher and TA names:</td><td></td><td>Primary area of need, diagnosis and relevant medical information:</td><td colspan="2"></td></tr>
<tr><td colspan="2">SEN Stage:
☐SEN support (targeted / targeted plus)
☐SEND-IF funding - tier of support
☐EHCP request in progress
☐EHCP submitted
☐EHCP issued
▪ Date issued:
▪ Date of last review:</td><td>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</td><td colspan="2">Academic progress:
☐Exceeding expectations
☐Making expected progress
☐Making measurable small steps of progress
☐Making limited progress
☐Making no progress</td></tr>
<tr><td>Summary of concerns from school:
Please state what your main concerns are/what you would like support with.</td><td colspan="4"></td></tr>
<tr><td>Current support and strategies in place, please note outcomes/impacts:</td><td colspan="4"></td></tr>
<tr><td colspan="5">Are there any times and days when a visit from Springwood Outreach would NOT be possible
(e.g pupil on part time timetable etc)</td></tr>
<tr><td colspan="5">Have you received Springwood Outreach input over the past 12 months? If so, please state in what capacity e.g individual pupil, setting advice, training etc.</td></tr>
</table>

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 Support Plan ☐Other (please state):
Speech and Language			
Educational Psychologist			
Occupational Therapist			
Physiotherapist			
Social Care			
LSS Advisory Teacher (VI, DET, ASC, CL)			
Behaviour Support (PIT)			
Paediatrician, LDT, CAMHS			
Other – please state:			

Referral requested by: **HT / SENDCo** **Sign and date:**	**By signing this form, you agree to the terms of the Service Level Agreement outlined below.** …… ……

SERVICE LEVEL AGREEMENT:

Commitment from Springwood Outreach:

- 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 site and possible CPD options for all staff to build capacity.
- 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 SENDCo/Teacher is available for discussion and for subsequent visits as 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 Outreach.
- To provide Springwood Outreach with current information: IEP, EHC Plan, SEN support details, academic data.
- To ensure parents are informed of Springwood Outreach's involvement with the child.
- Complete evaluations which will provide evidence of Springwood Outreach's impact to support its further development.

Please ensure the Parent Consent form is completed in full before emailing this back to:

springwood.outreach@thelinkeducationtrust.co.uk

Parent / Carer Consent:

Please read sign and date:	I confirm that I have discussed this referral to Springwood Outreach with school I have read and understood the completed referral form. I understand that Springwood Outreach input is in no way linked to a school place at Springwood Primary School. I am in agreement with ..... being referred to Springwood Outreach. Springwood Outreach work alongside other professional agencies such as EPS, SALT, PIT, OT etc. They may carry out joint observations, discuss your child with other professional or outside agencies and share reports with other agencies and professionals within Salford. **Consent Response** I give consent for Springwood Outreach to discuss my child with other services, share reports and/or work alongside other services or professionals to support my child: Yes ☐ No ☐ Signed: Designation: Date:
Summary of concerns from parent/carers: **Please state what your main concerns are/what you would like the outcome of this outreach input to be.**	

Please return to: springwood.outreach@thelinkeducationtrust.co.uk

Setting Advice:

Year Group/Key Stage:		**Number of pupils:**	
Class Teacher and TA names:		**Support needed** **(tick as many as are relevant)**	☐General classroom or IAP setup ☐ Curriculum advice ☐ Learning environment ☐ Use of workstation/TEACCH approach ☐ Use of visuals ☐ Behavior for learning ☐ Sensory spaces/support ☐other- please state:
Detailed description of support needed:			
Any other relevant information:			
Have you received Springwood Outreach input over the past 12 months? If so, please state in what capacity e.g individual pupil, setting advice, training etc.			