**Hull City Council Outreach Partnership: Education Support Referral Form**

The Outreach Services store information in line with their schools GDPR policy; the information will be processed in line with the GDPR principles. The Outreach Services are commissioned by Hull City Council and will share information with the Council to ensure outcomes are being achieved by the service.

For more information about how this personal information will be used please refer to our website:  [https://www.hull.gov.uk/downloads/download/154/service-or-project-specific-privacy-notices](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hull.gov.uk%2Fdownloads%2Fdownload%2F154%2Fservice-or-project-specific-privacy-notices&data=05%7C02%7CKim.Porter%40hullcc.gov.uk%7C3f1efa07a15342b38c9508dc78e1759e%7C998b793dd1774b888be16fe1f323a70b%7C0%7C0%7C638518156932580367%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=FfABS4pMA3f4g2ULH6MpAqK2O4zvCiZoyPZ4NUy%2FxrY%3D&reserved=0)

|  |  |  |  |
| --- | --- | --- | --- |
| CITE | Early Communication Team | Steps to Success | Sensory Outreach Service |
|  |  |  |  |

Please tick which Outreach Service you are referring to. For referrals to more than one outreach service, please tick the services required.

1. **About the Child/Young Person:**

|  |  |  |  |
| --- | --- | --- | --- |
| Child/Young Person’s Name: |  | | |
| Date of Birth: |  | Gender: |  |
| Home Address: |  | | |
|  |  | | |
| Postcode: |  | | |
| School Year: |  | Ethnicity: |  |
| Previous Academic Year Attendance Rate: |  | This Year Attendance Rate: |  |
| Is the child/young person CLA, PCLA, CiN, CP or open to Youth Justice? |  | UPN Number: |  |
| SEN Status (please tick all that apply) | SEN Register K  Education, Health and Care Needs Assessment has previously been requested but refused  Education, Health and Care Needs Assessment has been requested and is in progress  Education, Health and Care Plan in place\*  \*If Education, Health and Care Plan is in place, what Progressive Provision Level (PPL) funding has been allocated? \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Broad Area of Special Educational Need (please tick one) | Communication and Interaction  Cognition and Learning  Social, Emotional and Mental Health  Sensory/Physical Disability | | |
| Additional Areas of Need /Diagnoses (please tick all that apply) | Autistic Spectrum Disorder (ASD)  ADHD  Speech, Language and Communication Needs (SLCN)  Social, Emotional and Mental Health (SEMH)  Moderate Learning Difficulty (MLD)  Specific Learning Difficulty (SpLD) – includes dyslexia, dyspraxia, dyscalculia  Severe Learning Difficulty (SLD)  Profound and Multiple Learning Difficulty (PMLD)  Hearing Impairment (HI)  Visual Impairment (VI)  Multi-Sensory Impairment (MSI)  Physical Disability (PD)  Down's Syndrome  OTHER (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If SEMH has been identified as an area of need, is this linked to known trauma/adverse childhood experiences (ACEs)? | Yes  No | | |
| Does the child/young person have a speech and language communication plan in place? | Interactive  Communicative  Verbal  Conversational  Awaiting SALT involvement (referral accepted)  Not Applicable | | |
|  | **Pre-Key Stage Standards (PKSS)**  PKSS 1  PKSS 2  PKSS 3  PKSS 4  PKSS 5  PKSS 6  **National Curriculum Assessments**  Working Below Age Related Expectations  *(Please indicate the year group curriculum the pupil is currently working within:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Working Towards Age Related Expectations  Working At Age Related Expectations  Working Above Age Related Expectations | | |
| Child’s Voice *what support would they like in education? What’s working well for them, what needs to improve. Please refer to the online Widgit tool to support.*  Completed independently by child/young person Completed with support from education staff | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the child/young person on a reduced timetable?  Please mark sessions attended below: | | | | Yes/ No  If yes, please attach. | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

1. **Setting Information**

|  |  |
| --- | --- |
| Name of Setting: |  |
| Type of Setting (Nursery, Primary School, Secondary School, etc.): |  |
| Trust setting sits under: |  |
| Person Making the Referral: |  |
| Role: |  |
| Contact Details: |  |
| Date referral form completed: |  |
| Teacher Name: |  |
| Teacher Contact Details: |  |

1. **Who has been or is involved in supporting the child/young person? Please tick and attach report.**

|  |  |  |  |
| --- | --- | --- | --- |
| Team | Current | Previous | Comments on Impact |
| Early Help/Social Care (Please Specify) |  |  |  |
| SLT/Health |  |  |  |
| Physical/Occupational Therapist |  |  |  |
| IPaSS/Outreach (Please specify) |  |  |  |
| Ed. Psychologist |  |  |  |
| Alternative Provision Details- please specify |  |  |  |
| CAMHS |  |  |  |
| Mental Health Support Team |  |  |  |
| Referrals to neurodiversity or other diagnostic service |  |  |  |
| Youth Justice |  |  |  |
| Other |  |  |  |

1. **Reason for Referral**

|  |
| --- |
| What is the child/young person struggling with in school? |
|  |
| What are the **school** **staff** struggling to support the child/young person with? |
|  |
| Why would you like Outreach support? |
|  |

1. **Graduated Support Evidence**

What strategies and support have been given to the child/young person?

*PLEASE ATTACH GRADUATED RESPONSE/SUPPORTING DOCUMENTS*

|  |  |
| --- | --- |
| What resources have been used? What training have the staff had to help the child? | What was the impact of using these resources/training? |
|  |  |
| Can you evidence 2 terms of the Assess, Plan, Do, Review cycle of support? \*Please note, where there has been an acute escalation of needs, e.g. behaviour, and the child is in crisis (e.g. at risk of permanent exclusion), please evidence here what has supported and/or strategies have been used: | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPACT ASSESSMENT** | | | | | | | | | | |
| Likelihood (1 being very unlikely 10 being extremely likely): | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *At this point, in your opinion, without this referral being accepted and actioned, how likely is:* | | | | | | | | | | |
| the child to be at risk of short term suspension when they go to school? |  |  |  |  |  |  |  |  |  |  |
| the child to be at risk of permanent exclusion when they go to school? |  |  |  |  |  |  |  |  |  |  |
| the child’s needs met in a mainstream setting? |  |  |  |  |  |  |  |  |  |  |
| the child to require an Education, Health and Care Plan for school in your opinion? |  |  |  |  |  |  |  |  |  |  |
| the child needing to attend specialist provision for school? |  |  |  |  |  |  |  |  |  |  |

1. **School/Setting Confidence**

Please rate the confidence of the school/setting’s ability to work with the child or young person without receiving Outreach Service support.? (1 Low 10 High)

|  |
| --- |
| 1 2 3 4 5 6 7 8 9 10 |

1. **Parental Consent**

Have you gained parental consent prior to referral?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Please return this form to the Outreach Service, alongside the parental consent.

**Please note, the referral will not be considered without parental consent given or if the referral is not complete.**

**Please send the completed referral form to the relevant Outreach Services. For joint referrals, please send to both services (in the same email correspondence).**

CITE Outreach Service: outreach@northcottschool.org.uk

Early Communication Team Outreach Service: ECToutreach@het.academy

Steps to Success Outreach Service: [stsoutreach@vennacademy.org](mailto:stsoutreach@vennacademy.org)

Sensory Outreach Service: hnf-tr.sensoryoutreach@nhs.net