

Specialist Support Team Input Request Form

Overview

- The specialist support team will be working collaboratively with settings and there will be accountability from both sides.
- Pupils must be at range 3 or above on the Tfc SEND Ranges
- We can only accept referrals from educational settings we cannot accept referrals from GP's, health professionals or parents.

Our offer:

- We can/will work with other support teams to ensure the best outcomes for the child or young person.

Training:

- Training opportunities may be identified following a referral to the service. E.g. 1:1 training with SENDCo, whole school training etc.

Individual advice:

- Opening meeting with parents, teaching assistant/key worker, lead practitioner, teacher or SENDCo.
- Up to 3 visits if needed in collaboration with the SENDCo. More support/visits given to high priority cases at support team discretion.

SEN Process

- We will work in partnership with the school as part of the SEN process.

Our requirements:

- Detailed evidence of the range the Child or young person is working within and an up to date support plan.
- Copy of child's provision map with reference to SEND notional finance.
- SENDCo available for a consultation at each visit.
- Access to the classroom
- Access to teacher planning.
- Specialist support teams outcomes to be embedded in child's support plan.
- Complete feedback/evaluation questionnaire.
- SENDCo to cascade advice and strategies to rest of the school where relevant as the services are unable to offer repeat advice.
- SENDCo role to ensure that strategies and advice offered by the support team is being implemented within the school.

Specialist Support Team	Criteria for referral:	Required for referral	Email Referral to:
Autism Outreach Team	Diagnosis of ASD	SEN Support Plan	Julie.casey@columbiagrango.org.uk
Language & Learning	Working at least 2 years behind age related expectations.	Parental Consent Form	llp@sunningdaleschool.com
Physical Team			

Specialist Support Team Referral Form

Please complete in full. If not enough information is given we will return the form requesting further detail.

Name of Child/Young Person:					
Date of Birth:		Date of ASD Diagnosis (if relevant)			
Additional diagnoses		Is pupil aware of diagnosis:			
Language(s) spoken at home:		Is interpreter required			
Name of Parent/Carer:					
Address:					
Email:		Tel. Number:			
Please confirm that you have received the consent of the child's/young person's parent/carer for this referral			YES		NO
Name of School/Nursery/Provision:					
SENDCo					
SENDCo email					
What are the presenting behaviours of the pupil::					
What range is the pupil at?					
Range 1	Range 2	Range 3	Range 4	Range 5	Range 6
IN RELATION TO THE RANGE THAT THE PUPIL IS AT					
How have their needs been assessed and planned for:					
What is the impact:					
What strategies have been used:					

What is the impact of these strategies:

What resources and staffing have been allocated to the pupil:

What is their impact:

Does the child/young person have an EHC Plan?

YES

NO

If yes, please briefly state relevant details:

Has the child / young person been referred to the Autism Outreach Team before?

YES

NO

If yes, please briefly state relevant details:

Professionals involved e.g. Consultant / Paediatrician / CAMHS/ CYPs/Physiotherapist/
Occupational Therapist / Speech & Language Therapist/ Social Care

	Currently involved:	Name:	Email:
Educational psychologist	Y/N		
Language and Learning	Y/N		
Portage	Y/N		
Speech & lang. therapist	Y/N		
Behaviour Team	Y/N		
Occupational therapist	Y/N		
Physiotherapy	Y/N		
Quest	Y/N		
Hearing Impaired	Y/N		

Visually Impaired	Y/N		
Social worker	Y/N		
Health visitor	Y/N		
Attendance officer	Y/N		
Paediatrician	Y/N		
CAMHS	Y/N		
CYPS	Y/N		
Other	Y/N		

What training has been provided to the staff in the past in relation to SEN:

What training has been delivered	Who has received the training?	Who has delivered the training	Date of the training	What was the impact of the training

Current Attainment Data:

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Key Stage Exit Data in relevant areas e.g. EYFS / KS1/ KS2 / KS3 /KS4

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Specific reason/s for referral:**Areas of Concern**

Please give details of the aspects of the child's development, progress or behaviour that are causing concern.

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Impact of Concerns

Please detail the impact of these concerns in school

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What specific outcome(s) are you seeking for the child/young person?

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Name of Referrer:

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Position/Job Title:

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Address:

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Contact Tel. Number:

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Contact email:

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Signed:

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Date:

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Parent Consent Form for Specialist Support Team Input

I/We have read and understood the information contained in this request

Parent/carer signature:
The declaration *must* be signed by a parent/carer

Parent/carer name:

Date:

Relationship to child/young person:

Please note it is assumed that the child/young person named on this form lives at the same address as the parent/carer providing consent. If this is not the case please provide this information below.

Address the child/young person lives at:		Address of the parent/carer giving consent:	
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Name of the parent/carer that the child/young person lives with: