SENSS Referral Form



**Communication and Interaction Support Service**

*Use this form to request support from a specialist advisory teacher from the C&I Support Service. The service accepts referrals from schools, for children from the start of F1 (Reception) through to the time that they leave school.*

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| **Before making a referral …**  *you must have implemented strategies as recommended in the relevant C&I pages of the SEN Guidance ‘****Identifying and Supporting SEN in Oxfordshire Schools and Settings’*** *and you* ***must*** *have had* ***a pre-referral discussion with your schools Specialist Advisory Teacher*** |  |

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| **SECTION 1: PUPIL INFORMATION** | | | | | | |
| Child/Young Person’s Name: |  | | DOB: |  | Year Group: |  |
| Parent/Guardian Name(s), |  | | | | | |
| Contact Details: | Address | Telephone: | | | Email: | |
|  |  | | |  | |
| School Name: |  | | | | | |
| School Address and Telephone Number: |  | | | | | |

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| **SECTION 2: SEN INFORMATION** | | |
| Code of Practice | SEN School Support? | **Yes / No Date from:** |
| Education Health and Care Plan? | **Yes / No Date of EHCP:** |
| Home Local Authority | If the child is NOT living in Oxfordshire – which LA maintains their EHCP? | |
| Primary Need |  | |
| Secondary Need |  | |
| Other SEN information |  | |

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| **SECTION 3: COMMUNICATION AND INTERACTION INFORMATION** |

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| Does the child / young person have an Autism Diagnosis? | Yes / No  Date: |
| Is the child / young person currently receiving support from a Speech and Language Therapist | Yes / No  Name: |
| Does the child / young person have needs in any of the following areas: (please tick) | |
| Receptive language (Listening and Attention) |  |
| Expressive language |  |
| Functional language (Understanding and Processing) |  |
| Peer relationships / Social Interaction |  |
| Self-Management and Organisational Skills |  |
| Sensory processing |  |
| Emotional regulation or Anxiety |  |
| Attendance |  |
| Is the child /young person on a reduced timetable \* |  |
| Details of any exclusions received in the last academic year \* |  |
| \* Please add details | |

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| **SECTION 4: REASONS FOR REFERRAL** |
| Please explain briefly: - what your current concerns are for this child /young person   * how you have tried to meet the child/young person’s needs using the SEN Guidance and with universal support strategies * the outcome(s) you would like from this referral |
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| **SECTION 5: DOCUMENTATION CHECKLIST** | Please tick any documents you have included with your referral |
| EHCP |  |
| Most recent SEN Review Report and/ or recent school report |  |
| Occupational Therapist Report |  |
| Speech and Language Therapist report |  |
| CAMHS report / MDA |  |
| Inclusion / pupil profile |  |
| Specialist Advisory Teacher SENSS report (if another SENSS Service is already involved) |  |
| Attendance Data |  |
| Attainment and progress information |  |
| Most recent IEP/ Provision Mapping |  |
| Any relevant reports from other professionals (please list) |  |
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| **SECTION 6: CONTACT INFORMATION** | | | |
| **Staff in School** | **Name** | **Telephone** | **Email** |
| Class Teacher / Form Tutor |  |  |  |
| SENCo |  |  |  |
| TA / Keyworker(s) |  |  |  |
| Head Teacher/Head of Year |  |  |  |
| Other |  |  |  |
| **Staff from other Agencies** |  |  |  |
| Educational Pyschologist |  |  |  |
| S&LT/OT/Physio |  |  |  |
| CAMHS / Other Health |  |  |  |
| Early Help (LCSS) |  |  |  |
| Social Worker |  |  |  |
| Other (please state) |  |  |  |

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| **SECTION 7:**  **REFERRER DETAILS AND SIGNATURE** | | |
|  | I confirm that I have discussed and agreed this referral with the Specialist Advisory Teacher  I confirm that I have informed parents / carers that I will be making this referral  I confirm that I will send a copy of this form to parents / carers including the link to the **OCC Privacy Notice** below | |
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| Signature of Referrer: | |  |
| Print Name: | |  |
| Position: | |  |
| Date of Referral: | |  |

*Send your completed form to:* [*CommunicationandInteractionTeam@oxfordshire.gov.uk*](mailto:CommunicationandInteractionTeam@oxfordshire.gov.uk)

*Our* [*Privacy Notice*](https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/corporateovernance/GenericPrivacyNotice.pdf) *explains how and why information about you will be used and stored by us*

cid:image001.png@01D2F0AA.481B4920  For information and guidance on SEND please visit Oxfordshire’s Local Offer [www.oxfordshire.gov.uk/localoffer](http://www.oxfordshire.gov.uk/localoffer)