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.*

|  |  |
| --- | --- |
| **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*** |  |

|  |
| --- |
| **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: |  |

|  |
| --- |
| **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 |  |

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

|  |  |
| --- | --- |
| 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 / NoName: |
| 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 |

|  |
| --- |
| **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
 |
|  |

|  |  |
| --- | --- |
| **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)  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **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)  |  |  |  |

|  |
| --- |
| **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 |
|  |
|  |
| Signature of Referrer: |   |
| Print Name: |   |
| Position: |   |
| Date of Referral: |   |

*Send your completed form to:* *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*

  For information and guidance on SEND please visit Oxfordshire’s Local Offer [www.oxfordshire.gov.uk/localoffer](http://www.oxfordshire.gov.uk/localoffer)