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**The Birches Specialist Support**

**Primary School**

*“Working Together, Achieving Together”*

**The Birches Outreach Support Service**

**Pupil Support Referral Form**

**Please ensure that permission from the parent/carer has been obtained for this referral.**

**GDPR 2018**

The information requested on this form is required for the purpose of referring the above pupil to this service.

The information provided by you may be disclosed to other professionals working with this pupil for educational purpose.

Please return this form for the attention of Dani March at: [outreach@thebirchesschool.org](mailto:outreach@thebirchesschool.org)

We aim to acknowledge this referral within 7 days of receipt.

***Please note:*** As part of the referral process we will require you to complete a short online survey before support will be offered and an evaluation of the impact of the support received. We value your cooperation in this matter as information received is used to help us develop the service.

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **School details:** | |
| **Name:** | |
| **Address:** | |
| **Tel:** | **SENCo name:** |
| **Contact Email address:** | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Pupil details:** | | | | | | |
| **Name:** | | | | | **DOB:** | **Age** |
| **Year group** |  | **Class Teacher** | |  | | |
| **Is pupil being taught in correct year group?** |  | **Level of experience with SEND** | |  | | |
| **Any named additional adult support** | | |  | | | |
| **Number of hours supported** | | |  | | | |
| **Level and experience of additional support** | | |  | | | |

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| **SEND: (please highlight)** | **Communication Behaviour Autism Learning Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Diagnosis ( if any)** |  |
| **Child’s home language:** |  |

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| **Please highlight your current level of support for this child from the ‘matching provision to need’ tool:** | |
| **‘Additional Needs’ Support in place 🞎** | **EHCP applied for**  **EHCP in place 🞎** |
| **Description of child:** Please include any SaLT strategies/advice.  **1)Communication:**   1. **Receptive** *(Do they understand spoken language? If so, how many key words in a sentence? Do they need visual support – if so at what level? Objects/photographs/symbols?)* 2. **Expressive** *(Are they verbal? If so, how many words in a sentence? Do they use non-verbal communication – e.g. signs/gesture/pictures?)* | |
| **2) Behaviour:** Does the pupil demonstrate any challenging behaviours? Are there any on-going behaviour management plans/strategies/reward systems?  **a) In classroom**  **b) with peers**  **c)At lunchtime/playtimes**  **d)Rituals/obsessions/special interests?**  **e) What helps them to calm?** | |
| **3) Sensory issues:** (E.g. noise, smell, touch sensitivity, reaction to busy environments, need to move around, dislike or like of certain textures including clothes, eating?) Please include details of any OT input or any special equipment used. | |
| **4) Learning style/environment needed**  Can they sit in a group? How long for? Can they complete independent work? Can they work in the classroom? How much adult support do they need?   1. **Approximate learning levels?** (Early years levels? P level equivalent? What year group expectations are they working on? Please include IEP if possible) 2. **Motivators/special interests. What does the pupil really like?** Is there anything that helps with concentration or calmness? | |
| **What adaptations have already been made/ what strategies are being used in and out of class?** (E.g. visual timetable, signing, own work or calm area?) | |
| **What’s working well?** | |
| **What support do you think you need?** | |
| **What outcomes are you hoping for from support provided by The Birches?** | |

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| **Details of Other Professional Involvement** | | | |
| **Name of professional/provision** | **Role**  E.g. Speech Therapist, medical consultant, Physiotherapist or previous Outreach support | **Contact Details** | **Level of involvement** |
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| **Additional background Information that you feel may be relevant, i.e. home situation, LAC, medication, previous schooling, attendance etc:** |
| **Have you consulted any of the other outreach providers for this pupil?** (E.g. Grange / Lancasterian / Bridgelea?) If so what did they do/advise? (enclose report if available) |

Name of person completing the form:

Position of person completing the form:

Date:

|  |
| --- |
| **For The Birches School use**  Allocated Outreach Team Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date allocated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The Birches Specialist Support Primary School

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[outreach@thebirchesschool.org](mailto:outreach@thebirchesschool.org)