

**Referral Form for Specific Student Support**

School Information

Name of school		Date of this referral	
Name of contact person			
Email & telephone number			
Headteacher		SENCO	
Class Teacher(s)		Support Worker(s)	
Educational Psychologist		Speech & Language Therapist	

Student Information

Name of student(s)		DoB		Year group	
Gender		Attendance %		Current levels or age level	Maths- Reading- Writing-
Diagnosis/Disability?				EHCP?	
Current learning support provided and by whom? (please describe all)					
Which agencies work/have worked with student?					
Student Strengths	-		-		
	-		-		
Areas for development	-		-		
	-		-		
Has parent permission been obtained to support/advise for all students referred? (Please note: We <u>will not</u> proceed without this)					

Pupil progress & need



**Referral Form for Specific Student Support**

How would you describe the engagement of the pupil(s) in classroom lessons?

1 Not engaged		2 Somewhat engaged		3 Engaged		4 Very engaged	
------------------	--	-----------------------	--	--------------	--	-------------------	--

How would you describe the confidence of the pupil(s) in their approach to learning?

1 No Confidence		2 Some confidence		3 Mostly confident		4 Very confident	
--------------------	--	----------------------	--	-----------------------	--	---------------------	--

How effective do you feel the school is in helping the pupil work toward his/her individual goals?

1 Not effective		2 Somewhat effective		3 Effective		4 Highly effective	
--------------------	--	-------------------------	--	----------------	--	-----------------------	--

Strategies currently used <i>Fill in all that apply</i>	
Area of need	How often?
Reading:	
Maths:	
Writing:	
Communication:	
Social, Emotional and Mental Health:	
Physical and Sensory:	
Staff Allocation / Support for student:	



**Referral Form for Specific Student Support**

What would you like to have gained as a result of Outreach Support in your school?

When / how soon would you like Outreach support?

*\*An appointment will be scheduled via email or telephone call and must be confirmed within 7 days or the appointment time will be cancelled. Once on site, a key member of your school will need to allocate 30 minutes for discussions with the Outreach Teacher. By submitting this form, you are also agreeing to fill in and return an Evaluation at the end of the allocated support. We look forward to working with you!*

