***Baycroft School***

**Outreach Referral Form 2022**

**Please return completed form to: *adminoffice@baycroft.hants.sch.uk***

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| **Child/Young person name:** | **Curriculum year:** | **School:** |

**OFFICE USE ONLY:**

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| --- | --- |
| **Date received:** | **Action taken:** |

**DETAILS**

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| **CHILD / YOUNG PERSON** | Name: | DOB: | Gender: |
| Main language spoken at home: | School year: | |
| LAC: | Full time attendance | |
| CIN: | EHC Plan: | |
| CAF: | FSM/Ever 6: | |

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| **SCHOOL** | School: | |
| Address: | |
| Headteacher name: | |
| SENCo name: | |
| Telephone number: | Email: |

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| **PLEASE SPECIFY ANY RECOGNISED DIAGNOSIS OR CONFIRMED SEND**  **DOES THE YOUNG PERSON HAVE AN EHCP?**  **DO YOU SUSPECT OR BELIEVE THERE IS A FURTHER DIAGNOSIS OR CONDITION NOT YET IDENTIFIED? IF SO, PLEASE SPECIFY** |

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| **SUMMARY OF CONCERNS FROM SCHOOL** |

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| **WHAT ARE THE KEY OUTCOMES YOU ARE LOOKING FOR, FROM THIS PIECE OF WORK?** |

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| **Examples of Activity/Support offered by the Outreach Service. Please tick any which you think at this stage you would like :** |  |
| Consultation with SENCo or other key staff; validation or enhancement of existing good practice |  |
| Observations of child/young person – to inform future action to be implemented to improve outcomes |  |
| Consultation with key class or dept team members |  |
| Staff training – 1:1 |  |
| Staff training – group or team |  |
| Staff training – whole staff |  |
| Modelling or demonstrating particular techniques or practice |  |
| Helping to design bespoke programmes, strategies or curricula |  |
| In-reach visit to specialist setting eg Baycroft, for key school staff |  |
| Signposting to external agencies and support organisations |  |
| Support creating or sourcing resources |  |
| Sharing of existing educational resources and planning |  |
| Liaison with parents and carers – helping families and professionals to understand EHCPs and need |  |
| Signposting to other services or examples of good practice; brokering partnerships |  |
| Assessment of specific needs eg speech and language levels |  |
| Other |  |

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| **Existing Involvement of Other Agencies** | |
| **Agency** | **Named Person** |
| Speech and Language |  |
| Educational Psychologist |  |
| Physiotherapist |  |
| Occupational Therapist |  |
| Social Care |  |
| Advisory Teacher (eg PD, VI, HI, CaL) |  |
| Behaviour Support |  |
| Other – please state |  |

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| **Current Attainment Levels - Please complete all which are relevant** | | | | | | | | |
|  | | | English | | | Maths | | |
| P Levels | | |  | | |  | | |
| ARE (approx. Yr working at) | | |  | | |  | | |
| SATS Results | | |  | | |  | | |
| Reading Age (including test used) | | |  | | | | | |
| Spelling Age (including test used) | | |  | | | | | |
| Boxall Profile | | |  | | | | | |
| **EYFS Age Bands (for Yr R requests)** | | | | | | | | |
| C+L | PD | Maths | | Literacy | PSED | | EAD | UW |
|  |  |  | |  |  | |  |  |

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| **Parent/Carer views/concerns:** | |
| **Please note we may share information about your child with other professional agencies currently involved** | |
| **Tick to show that parental consent for referral has been given** | |
| **Date on which consent was given:** |  |

**Please outline previous/current strategies and interventions used – including use of additional funding such as pupil premium**

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| **Strategies used by school** | **Outcomes/Impact of interventions already in place** |
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| **Please give details of any previous training that the school or specific staff have received in this pupils area(s) of need:** | |
| **Whole School:** |  |
| **Specific Staff:** |  |

**In order for us to efficiently process this referral please attach** (if applicable)**:**

* **A copy of pupils statement / EHCP**
* **A copy of most recent Annual Review/School Report**
* **A copy of current targets/IEP’s/Individual Provision Map**
* **Any reports from other professionals currently involved**

**And return to: FAO Outreach Team at adminoffice@baycroft.hants.sch.uk**

***Data Protection Statement***

**By signing this form, the requesting school confirms agreement to the provider processing any personal data is for the purpose of providing outreach services to support student learning and development. The school confirms that this information is processed under the lawful basis that the information is necessary for the compliance with a legal obligation to which the controller is subject (including Education Act 1996) or that the data subject has given explicit consent to the processing of personal category data.**

**This data, where necessary, may be shared with other professionals to help fulfil agreed obligations or as part of Keeping Children Safe in Education (2018).**

**This data will be retained for one year, from the date of outreach service completion and in line with HCC / School Retention Policy**

**For further information relating to the legal rights in respect of the personal information collected from you, please see our current data protection policy on the school website www.baycroftschool.com**

**Form completed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature** | **Date** |
|  |  |  |  |

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| **Headteacher name** | **Signature** | **Date** |
|  |  |  |