

Norman Gate School

Referral Form

Child/Young person name:	Curriculum year:	School:
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OFFICE USE ONLY:

Date received:	Action taken:
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DETAILS

CHILD / YOUNG PERSON	Name:	DOB:	Gender:
	Main language spoken at home:	School year:	
	LAC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	
	CIN: <input type="checkbox"/> Yes <input type="checkbox"/> No	EHC Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	CAF: <input type="checkbox"/> Yes <input type="checkbox"/> No	FSM/Ever 6: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLEASE SPECIFY ANY RECOGNISED DIAGNOSIS or agreed SEND

SUMMARY OF CONCERNS FROM SCHOOL

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	

Current Attainment Levels - Please complete all which are relevant

	English	Maths				
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

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

Strategies used by school	Outcomes/Impact of interventions already in place

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:	

Form completed by:

Name	Role	Signature	Date

Headteacher name	Signature	Date

Examples of Activity/Support offered by the Outreach Service:
Consultation with SENCo
Observations of child/young person – to inform future action to be implemented to improve outcomes
Consultation with key class team members

Staff training – please give specific details
Inreach visit to specialist setting for key school staff
Signposting to external agencies
Other

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:

**Norman Gate Outreach Team
Norman Gate School
Vigo Road
Andover
SP10 1JZ**

Outreach@normangate.hants.sch.uk