**Booking information:**

Please confirm the service you have booked:

Please confirm the date this service has been booked for:

**Invoicing details:**

Please give the contact details for the individual/s to whom the invoice is to be directed to:

**Child/Young Person, school and family details:**

Name of child/young person: Date of Birth:

School year:

School Name:

School address and contact information:

Name of referrer: Position in school:

Parent/Carer details:

Name/relationship to child:

Contact telephone number: Contact email:

**\*Parental/Carer consent is required before work is undertaken**. An informed consent form is attached. Please return this with this referral form. On receipt of consent, an Edvocation® consultant or advisor will contact parent to organise a virtual or telephone consultation and issue the relevant assessment documents requested of parents to ascertain their views.

**Please complete the information below:**

**SEN Status:**

Graduated response wave phase/EHCP/other:

How long has this young person been at the level of support indicated above?

Pupil premium:  **Yes/no** Looked after child: **Yes/no**

**Description of academic attainment/progress:**

**Referral details:**

What is your purpose for making this referral – for example further insight into the nature and extent of the child’s strengths and needs with recommendations for provision; as part of assess, plan, do, review; to support referral for health/care pathways; to support requests for additional funding with LA/EHCNA/review of needs:

Is this child currently being referred to/assessed for any clinical or learning needs? **Yes/No**

Details of clinical/learning referral/assessment/diagnosis (where applicable):

Information on external agency involvement (e.g. Educational Psychology; Early Help Services; Speech and Language; Occupational Therapy Services)

|  |  |  |
| --- | --- | --- |
| Agency | Date of last report/involvement | Please include report/s where these have been undertaken – report attached Yes/No/No report available/report pending |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**School perspective:**

1. What do you consider to be the strengths of this child – for example with regards to academic skills, attainment, relationships, attitude, attendance?
2. Identify and briefly describe your specific concerns about the child – such as relationships, mood, learning and academic progress, language and communication; organisation, attention and behavioural regulation?
3. Brief examples of behaviours observed and the context of these – such as in independent learning activity/pair/small group work/classroom/playground/when activity involves social skills (such as listening, turn taking, following instructions, sharing ideas or resources), academic skills (such as reading, writing, calculating):
4. Where applicable please give brief details of the support the child has in school - for example QFT and adjustments, why this is in place, how long this has been for, the impact this is having on the child’s progress and attainment:
5. What impact are the child/young person’s behaviours having on themselves and on others – such as peers/friends/adults?
6. Please add any additional information you feel would benefit the assessment - such as interventions tried, specific or exceptional circumstances, observations of triggers or patterns in behaviours:

**Next steps:**

Thank you for completing the referral information. Please return this form along with parent/carer consent to enquiries@edvocationservices.com

-------------------------------------END PUPIL SCREENING/PROFILING REFERRAL----------------------------------Sept. 2023