Referral date by school:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pupil nameDOB |  | Male/FemaleFirst languageEthnicity |  | LACPupil Premium CIN/CPP | Yes/NoYes/NoYes/No |
| Parents/Carers | Address | Contact numbers |
|  |  |  |
| Parent/carer email: |  |
| Family Support in place? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School |  | Year Group |  |
| SENCO | Name:Email: |
| Class Teacher | Name:Email: | TA Name: Email: |

|  |
| --- |
| Reason for referralEvidence of Graduated Response (strategies tried and impact)Copy of graduated approach attached YES NO |
| **Known to** SEN: Yes/NoEducational psychology: Yes/NoSupport Plan Yes/ NoEHCP in place: Yes/No | Agencies involved with child, eg SALT, IPASS, EP, CAMHS etc? |

I support this referral: Signed ………………………………………. Head teacher/SENCO

I support this referral: Signed ………………………………………. Parent/Carer

By giving this consent as the parent/carer you agree that relevant information may be shared with other agencies and professionals. These agencies may include Child & Adolescent Mental Health Service (CAMHS), Health, Social Care and other Education Services.

**Email referral to** stsoutreach@vennacademy.org