



**Wolverhampton Local Authority and Schools working together to support Special Educational Needs (SEN) across the city.**

**Outreach Referral Form**

<b>School Details:-</b>	<b>Pupil Details:-</b>
<b>School / Setting:</b>	<b>Name(s):</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone No:</b>	<b>Telephone Number:</b>
<b>E mail address:</b>	<b>Date of Birth:</b>
<b>Head teacher:</b>	<b>Gender:</b>
<b>Class Teacher / Other Contact:</b>	<b>Name of Parents:</b>
<b>SENCO:</b>	<b>NC Year:</b>
<b>Referred by:</b>	<b>Date:</b>
<b>Telephone Number:</b>	

**Reason for Referral:**

Please try to be as specific as you can about the main concerns that have led to this request for Outreach support (continue on reverse / another sheet if necessary)

**SEN Code of Practice:**

(Please tick box according to current status)

No Support	<input type="checkbox"/>	Statutory Assessment commenced	<input type="checkbox"/>
Early Years Action / School Action	<input type="checkbox"/>	Statement	<input type="checkbox"/>
Early Years Action Plus / School Action Plus	<input type="checkbox"/>	Annual Review Date _____	

Any Specific / Clinical diagnosis? \_\_\_\_\_

Please attach any relevant reports (i.e. IEP, OT, HI etc.)

**Other involved Agencies:**

(Please tick and name)

Occupational therapist		Name:
Physiotherapist		Name:
Speech & Language Therapist		Name:
Educational Psychologist		Name:
Paediatrician		Name:
Sensory Inclusion Service		Name:
Other (please state)		Name:

**Support:-**

Please detail current levels of support being employed e.g. small group, 1 – 1, precision teaching etc.

What type of support would you like from the Outreach Service?

E.g. Curriculum – specific subject , Equipment, Access, Moving &amp; Handling, Staff training,

Please attach any other information that you think may be relevant i.e. pupil strengths/weaknesses or interests

I can confirm that Parental permission has been obtained for this Referral and that the Parents / Carers understand that this information may be shared with relevant and appropriate agencies

Signature \_\_\_\_\_ Position: \_\_\_\_\_

Name \_\_\_\_\_ Date: \_\_\_\_\_

Head teachers Signature \_\_\_\_\_ Date: \_\_\_\_\_