



IOW Specialist Outreach Service

IOW Specialist Outreach Service is provided by staff from ASD resourced provision units, St Georges and Medina House School.

REFERRAL FORM

PLEASE RETURN COMPLETED FORM TO IOW SPECIALIST OUTREACH SERVICE AT VIA JULIE FERRIS AT MEDINA HOUSE SCHOOL, SCHOOL LANE, NEWPORT IOW PO30 HS

Name of student:	Curriculum year:	School:
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OFFICE USE ONLY:

Date received:	Action taken:
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DETAILS

PUPIL	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	

PARENTS/CARERS	Name(s)	
	Address:	
	Telephone number:	Email:

SCHOOL	School:	
	Address:	
	Head Teacher name:	
	SENCO name:	
	Telephone number:	Email:

Please put: P in the box next to the pupil's primary area of need S in the box next to the pupil's secondary area of need	
COMMUNICATION AND INTERACTION	
➤ Speech, Language and Communication needs (SLCN)	<input type="checkbox"/>
➤ Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>
SOCIAL, MENTAL AND EMOTIONAL HEALTH	
<input type="checkbox"/>	
COGNITION AND LEARNING NEEDS	
➤ Specific (SpLD)	<input type="checkbox"/>
➤ Moderate (MLD)	<input type="checkbox"/>
➤ Severe (SLD)	<input type="checkbox"/>
➤ Profound and Multiple Learning Difficulties (PMLD)	<input type="checkbox"/>
SENSORY AND/OR PHYSICAL NEEDS	
➤ Visual Impairment (VI)	<input type="checkbox"/>
➤ Hearing Impairment (HI)	<input type="checkbox"/>
➤ Multi Sensory (MSI)	<input type="checkbox"/>
➤ Physical Disability (PD)	<input type="checkbox"/>
PLEASE SPECIFY ANY RECOGNISED DIAGNOSIS:	

Existing Involvement of Other Agencies

Agency	Named Person
Speech and Language	
Educational Psychologist	
Physiotherapist	
Occupational Therapist	
Education Welfare Service	
Social Care	
VI Advisory Teacher	
HI Advisory Teacher	
Behaviour Support	
Other – please state	

Current Attainment Levels - Please complete all which are relevant

	English	Maths				
P Levels						
NC Scales						
SATS Results						
Reading Age (including Test Used)						
Boxall Profile						
EYFS Age Bands (for Yr R requests)						
C+L	PD	Maths	Literacy	PSED	EAD	UW

SUPPORT REQUEST - PLEASE TICK AGAINST THE MENU OF SERVICES

Type of Support	Please tick 3 Priorities
Curriculum Access / Differentiation	<input type="checkbox"/>
Positive Behaviour Management	<input type="checkbox"/>
Transition	<input type="checkbox"/>
Communication strategies, eg PECS, AAC, Makaton	<input type="checkbox"/>
ASD Techniques eg TEACCH	<input type="checkbox"/>
Social Stories	<input type="checkbox"/>
Practical Teaching Strategies	<input type="checkbox"/>
Play/Social Skills	<input type="checkbox"/>
CPD for staff	<input type="checkbox"/>
Loan Service for primary differentiated resources	<input type="checkbox"/>
SCIP training	<input type="checkbox"/>
MAYBO training	<input type="checkbox"/>

Makaton Training	<input type="checkbox"/>
Manual Handling training	<input type="checkbox"/>
Support with Physical Access / Manual Handling	<input type="checkbox"/>
Pupil Voice, eg to support 'My story' for EHC plans	<input type="checkbox"/>
Inreach visits to specialist settings	<input type="checkbox"/>

Parent/Carer views/concerns:

Tick to show that parental consent for referral has been given

Date on which consent was given:

- Please attach:**
- A copy of pupils statement
 - 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

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:	
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Please outline the expected impact of support from the outreach service in terms of improved pupil outcomes.

Form completed by:

Name	Role	Signature	Date

Head Teacher name	Signature	Date

Please attach:

- **A copy of pupils statement**
- **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 IOW Specialist Outreach Service FAO Julie Ferris, Medina House School, School Lane, Newport IOW PO30 2HS.