

The Lampard Community School Outreach Service

REFERRAL FORM

School Details

Name of School	
Address	
Telephone	
Headteacher	
Contact Person	
Contact email	

Child Details

Name			
DOB			
Gender			
Year Group			
ARE or P Levels	English	Reading	
		Writing	
		S&L	
	Maths		
	Science		

Other Agencies involved with child?

Service	Name	Date of Last Input
Physio		
Occupational Therapy		
Speech & Language Therapy		
Education Welfare Officer		
Educational Psychologist		
Behaviour Support Team		
Other (please specify)		

IT WOULD BE VERY USEFUL IF YOU WOULD FORWARD ANY RECENT REPORTS TO US WITH THE COMPLETED REFERRAL FORM – PLEASE ENSURE PARENTAL CONSENT IS OBTAINED.

Brief description of child’s special education needs/difficulties:

Does the child have an EHCP plan? Yes / No / Undergoing Statutory Assessment

Please give a brief description of what support you require:

Referral requested by: Inclusive Education Panel/School*

Parental consent obtained for Outreach involvement: Yes/No*

Parental consent obtained for recent reports to be sent to the Outreach Service Yes/No*

Referral authorised by Head Teacher/SENCO*

*Please delete as applicable.

Signed Dated

What we need from you:

- Time to be allocated for initial meeting and setting up of Service Level Agreement with either the Head Teacher, SENCO or Class Teacher.
- Time to be allocated for SENCO or Class Teacher and Teaching Assistant, if necessary, to receive feedback following observation and input.
- Head Teacher, SENCO or Class Teacher to complete an evaluation form at end of input and return to T Gillard/ Sophia Marquiss.

***Please tick if you would like to purchase a discounted package of support or pay per hour;**

Option 1: 5 hours of school based support (either outreach or in-reach) = **£300**

Option 2: 10 hours of school based support (either outreach or in-reach) = **£600**

Option 3: Pay per hour - £67 per hour visit rate (outreach)/ £50 per hour visit rate (in reach)

Number of hours required:.....