

**Notes for completing this form:**

* Please ensure you comply with Data Protection & Security guidelines by returning the completed form securely. The preferred method is via AnyComms using the ‘Additional Needs’ tab in the drop down list and marking FAO SIS
* **This form will not be accepted if not completed in full.**
* If you have any questions about a referral, please do not hesitate to contact the relevant Head of Centre using the details on the last page.

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| **SEMH Inclusion Service Referral Form** | | | | | | | | | | | | | | | | | | |
| Name of School: | | | | |  | | | | | | | | | | | | | |
| Referrers Contact Name: | | | | |  | | | | | | | | | | | | | |
| Referrers Position: | | | | |  | | | | | | | | | | | | | |
| Contact Telephone Number: | | | | |  | | | | | Contact Email: | | | | |  | | | |
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| **Child’s Details** | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | Date of Birth: | | | | | Gender: | | | |
|  | | | | | | | | | |  | | | | | | | | |
| UPN: | | | | Academic Year: | | | | | | Attendance: | | | | | Date of Admission: | | | |
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| **Please indicate whether the pupil falls into the following categories*:*** | | | | | | | | | | | | | | | | | | |
| GRT: |  | EAL | | | |  | | LAC: | |  | PP: | | |  | | FSM | |  |
| Previous School/s with Dates: | | | | | | | | | | | | | | | | | | |
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| **For Office use only**   |  |  | | --- | --- | | SIS staff allocated: | Date: | | | | | | | | | | | | | | | | | | | |
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| **Parent/Carer Contact:** | | | | | | | | | | | | | | | | | | |
| Parent Carer Name/s: | | | | | Relationship to Child: | | | | | Address: | | | | | Telephone No: | | | |
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| Other Contact Details: | | | | |  | | | | | | | | | | | | | |
| Other Children in household if known: | | | | |  | | | | | | | | | | | | | |
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| **Reason/s for Referral** | | | | | | | | | | | | | | | | | | |
| Details including any barriers for learning e.g. home support, sensory needs, academic difficulties: | | | | | | | | | | | | | | | | | | |
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| School Interventions Tried: | | | | | | | | | | | | | | | | | | |
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| Previous Referral to the SEMH Inclusion Service? | | | | | | | | | | | | Yes/No | | | | | Date | |
|  | | | | | | | | | | | |  | | | | |  | |
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| **School Data** | | | | | | | | | | | | | | | | | | |
| **Academic Achievement/levels:** | | | | | | | | | | | | | | | | | | |
| Reading: | | | | | | | Writing: | | | | | | Maths: | | | | | |
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| **Special Educational Needs:** | | | | | | | | | | | | | | | | | | |
| SEN Support/Disability: | | | Top Up Funding: | | | | | | EHCP: | | | | | | EHCP initiated: | | | |
|  | | |  | | | | | |  | | | | | |  | | | |
| **Previous Fixed Term Exclusions:** | | | | | | | | | | | | | | | | | | |
| Reason/Type: | | | | | | | | | | | | | | | | Date: | | |
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| **Plans and Other Agencies Involved:** | | | | | | | | | | | | |
| PSP: | Date: | EHA: | | Date: | PEP: | Date: | | EP: | | Date: | Social care: | Date: |
| Y/N |  | Y/N | |  | Y/N |  | | Y/N | |  | Y/N |  |
| CAMHS: | Date: | SALT: | | Date: | EAL: | Date: | | FSW (from EHA) | | Date: | SEMH project | Date: |
| Y/N |  | Y/N | |  | Y/N |  | | Y/N | |  | Y/N |  |
|  | | | | | | | | | | | | |
| **Pupil Information** | | | | | | | | | | | | |
| **Pupils Strengths/Interests:** | | | | | | | | | | | | |
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| **Outcomes** | | | | | | | | | | | | |
| **What do you hope the outcome of this referral will be?** | | | | | | | | | | | | |
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| **Parental consent & data processing** | | | | | | | | | | | | |
| School has discussed this referral with me, and I consent to the involvement of the SEMH Inclusion Service.  *Please tick* 🖵  I have read the Privacy Notice provided and give permission for the data in this form to be processed and shared with my child’s school and Herefordshire Council’s Education Services. I understand that I can withdraw my consent for data processing at any time. *Please tick* 🖵  Signed ……………………………………… parent/guardian date …………………………….. | | | | | | | | | | | | |
| Name of Referrer: | | |  | | | | Signed: | |  | | | |
| Role: | | |  | | | | Date: | |  | | | |