

Broadmeadow Special School

CITY of
WOLVERHAMPTON
Council

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

Outreach Referral Form

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

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"/>	Statement	<input type="checkbox"/>
SEN support	<input type="checkbox"/>	Educational Health Care plan	<input type="checkbox"/>
Statutory Assessment requested/commenced	<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)

Early years special needs service		Name:
Educational Psychologist		Name:
Speech & Language Therapist		Name:
Sensory Inclusion Service		Name:
Physiotherapist		Name:
Occupational therapist		Name:
INSPIRE		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. Staff training, Resources, Advice.

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: _____

