Specialist Support Team
Input Request Form

Overview

- The specialist support team will be working collaboratively with settings and there will be accountability from both sides.
- Pupils must be at range 3 or above on the TfC SEND Ranges
- We can only accept referrals from educational settings we cannot accept referrals from GP's, health professionals or parents.

Our offer:

- We can/will work with other support teams to ensure the best outcomes for the child or young person.

Training:

- Training opportunities may be identified following a referral to the service. E.g. 1:1 training with SENDCo, whole school training etc.

Individual advice:

- Opening meeting with parents, teaching assistant/key worker, lead practitioner, teacher or SENDCo.
- Up to 3 visits if needed in collaboration with the SENDCo. More support/visits given to high priority cases at support team discretion.

SEN Process

- We will work in partnership with the school as part of the SEN process.

Our requirements:

- Detailed evidence of the range the Child or young person is working within and an up to date support plan.
- Copy of child's provision map with reference to SEND notional finance.
- SENDCo available for a consultation at each visit.
- Access to the classroom
- Access to teacher planning.
- Specialist support teams outcomes to be embedded in child's support plan.
- Complete feedback/evaluation questionnaire.
- SENDCo to cascade advice and strategies to rest of the school where relevant as the services are unable to offer repeat advice.
- SENDCo role to ensure that strategies and advice offered by the support team is being implemented within the school.

Specialist Support Team	Criteria for referral:	Required for referral	Email Referral to:
Autism Outreach Team	Diagnosis of ASD	SEN Support Plan Parental Consent Form	Julie.casey@columbiagrange.org.uk
Language & Learning	Working at least 2 years behind age related expectations.		llp@sunningdaleschool.com
Physical Team			

Specialist Support Team Referral Form

Please complete in full. If not enough information is given we will return the form requesting further detail.

Name of Child/Young Person:			
Date of Birth and year group:		**Date of ASD Diagnosis (if relevant)**	
Additional diagnoses		**Is pupil aware of diagnosis:**	
Language(s) spoken at home:		**Is interpreter required**	
Name of Parent/Carer:			
Address:			
Email:		**Tel. Number:**	

Please confirm that you have received the consent of the child's/young person's parent/carer for this referral	**YES**		**NO**	
Name of School/Nursery/Provision:				
SENDCo				
SENDCo email				

What are the presenting behaviours of the pupil::

What range is the pupil at?

Range 1	Range 2	Range 3	Range 4	Range 5	Range 6

IN RELATION TO THE RANGE THAT THE PUPIL IS AT

How have their needs been assessed and planned for:
Range 1
Range 2
Range 3
Range 4
Range 5
What is the impact:
Range 1
Range 2
Range 3
Range 4
Range 5

What strategies have been used:
Range 1
Range 2
Range 3
Range 4
Range 5
What is the impact of these strategies:
Range 1
Range 2
Range 3
Range 4
Range 5

Does the child/young person have an EHC Plan?	**YES**		**NO**	
If yes, please briefly state relevant details:				
Has the child / young person been referred to the Autism Outreach Team before?	**YES**		**NO**	
If yes, please briefly state relevant details:				

Professionals involved e.g. Consultant / Paediatrician / CAMHS/ CYPS/Physiotherapist/ Occupational Therapist / Speech & Language Therapist/ Social Care

	Currently involved:	Name:	Email:
Educational psychologist	Y/N		
Language and Learning	Y/N		
Portage	Y/N		
Speech & lang. therapist	Y/N		
Behaviour Team	Y/N		
Occupational therapist	Y/N		
Physiotherapy	Y/N		
Quest	Y/N		
Hearing Impaired	Y/N		
Visually Impaired	Y/N		
Social worker	Y/N		
Health visitor	Y/N		
Attendance officer	Y/N		
Paediatrician	Y/N		

CAMHS	Y/N		
CYPS	Y/N		
Other	Y/N		

What training has been provided to the staff in the past in relation to SEN:				
What training has been delivered	**Who has received the training?**	**Who has delivered the training**	**Date of the training**	**What was the impact of the training**

Current Attainment Data:

Key Stage Exit Data in relevant areas e.g. EYFS / KS1/ KS2 / KS3 /KS4

Specific reason/s for referral:
Areas of Concern Please give details of the aspects of the child's development, progress or behaviour that are causing concern.
Impact of Concerns Please detail the impact of these concerns in school

What specific outcome(s) are you seeking for the child/young person?

Name of Referrer:			
Position/Job Title:			
Address:			
Contact Tel. Number:			
Contact email:			
Signed:		**Date:**	

Parent Consent Form for Specialist Support Team Input			
I/We have read and understood the information contained in this request			
Parent/carer signature: The declaration *must* be signed by a parent/carer			
Parent/carer name:			
Date:			
Relationship to child/young person:			
Please note it is assumed that the child/young person named on this form lives at the same address as the parent/carer providing consent. If this is not the case please provide this information below.			
Address the child/young person lives at:		**Address of the parent/carer giving consent:**	
Name of the parent/carer that the child/young person lives with:			