<u>Doncaster Special School Outreach Support Service</u>

Referral Request for involvement from:

- **MLD (Moderate Learning Difficulties)**
  Pennine View Outreach: JCox@nexusmat.org ☐
- **SCD (Social Communication Difficulties/Autism)**
  Stone Hill Outreach: (Laura Chambers) lleithgoe@stonehillsch.co.uk ☐
- **Severe and Complex Communication Needs (Complex Autism)**
  Coppice Outreach: TConlon@nexusmat.org ☐
- **Physical/Medical**
  Heatherwood Outreach: lratcliffe@nexusmat.org ☐

Section A: Referral Source Details	
Name of School, setting or service:	
Person referring: (Name, position and phone/ email contact details)	
Date of Referral:	

Section B: Child's Personal Details					
Child's Name		Year Group		Chronological age	
Date of Birth		Gender		Pupil Premium Y/N	
SEN Stage		SEN Primary need			
Parent name and contact details			LAC status (Y/N)		

Section C: Background Details	
Relevant Medical Information / Diagnosis:	
Other practitioner involvement:	
Strengths and interests	

Additional background information	

Section D: Brief summary of reason for Referral Request /Concerns

(e.g. barriers to progression in learning, development and positive participation; severe communication difficulties; mobility and access; staff training)

Section E: Nature of outreach support requested
(What would you like to achieve?)

Section F: Child and/or Parental views, wishes and feelings
(Please attach Parental Consent Form)

Section G: Current Teacher Assessment/ formal Assessment Profile:
(please sub divide as required and confirm type of assessment)

Reading:		Writing:		Maths:		PSHE:	
Current termly SMART Targets in area(s) of concern *(add more rows as required)*		1.					
		2.					
		3.					

Section H: What's working and what's not working

Strategies, Interventions, Practical and Adult resources deployed to date:

What has been tried and is working? In her current class:	*What has been tried but did not work and why?*