

Notes for completing this form:

* Please ensure you comply with Data Protection & Security guidelines by returning the completed form securely. This must be done using 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  **Early Years SEMH PROJECT REFERRAL** | | | | | | | | | | | | |
| Name of School: | | | |  | | | | | | | | |
| Referrers Contact Name: | | | |  | | | | | | | | |
| Referrers Position: | | | |  | | | | | | | | |
| Contact Telephone Number: | | | |  | | | Contact Email: | | |  | | |
|  | | | | | | | | | | | | |
| **Child’s Details** | | | | | | | | | | | | |
| Name: | | | | | | | Date of Birth: | | | Gender: | | |
|  | | | | | | |  | | | | | |
| UPN: | | | Academic Year: | | | | Attendance: | | | Date of Admission: | | |
|  | | |  | | | |  | | |  | | |
| **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**

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| SIS staff allocated: | Date: |

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| **Parent/Carer Contact:** | | | | | | | | | | | | | | |
| Parent Carer Name/s: | | | | Relationship to Child: | | | | Address: | | | | Telephone No: | | |
|  | | | |  | | | |  | | | |  | | |
|  | | | |  | | | |  | | | |  | | |
| 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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| EYFS Graduated Approach Followed - Details | | | | | | | | | | | | | | |
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| **Special Educational Needs:** | | | | | | | | | | | | | | |
| SEN Support/Disability: | | | Top Up Funding: | | | | EHCP: | | | | | EHCP initiated: | | |
|  | | |  | | | |  | | | | |  | | |
| **Previous Fixed Term Exclusions:** | | | | | | | | | | | | | | |
| Reason/Type: | | | | | | | | | | | | | Date: | |
|  | | | | | | | | | | | | |  | |
| **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 |  |

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| **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: |  |