Occupational Therapy Referral Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil Surname: |  | | | | | | | | | | | |
| Pupil Forename(s): |  | | | | | | | | Sex: | Female  Male | | |
| Date of Birth: |  | | NC Year: | | | |  | | UPN: |  | | |
| Parent(s)/ Carer(s) name: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Telephone Number: |  | | | | | | | | | | | |
| Parent(s)/ Carer(s) Email: |  | | | | | | | | | | | |
| If Parents/ Carers live separately, please provide additional contact details if different to the above | | | | | | | | | | | | |
| Parent(s)/ Carer(s) name: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Telephone Number: |  | | | | | | | | | | | |
| Parent(s)/ Carer(s) Email: |  | | | | | | | | | | | |
| Who has Parental Responsibility? |  | | | Is pupil LAC or P-LAC? | | | | | | Yes  No | | |
| School Name: |  | | | | | | | | | | | |
| School Postcode: |  | Telephone Number: | | | |  | | | | Attendance (%): |  |
| SENDCo Email address: |  | | | | | | | | | | | |
| SENDCo Name: |  | | | | Class Teacher/  Form Tutor: | | | | |  | | |
| Previous school(s) attended: |  | | | | | | | | | | | |
| Timings of the school day: | Start of day:  Morning break:  Lunchtime: | | | | | | | Assembly:  End of day: | | | | |

|  |  |
| --- | --- |
| **Booking details – Service required (select one box only):** | |
| Full Sensory Integration Assessment (with report) |  |
| Occupational Therapy School Day Support |  |
| 1:1 Pupil Therapy (following a Full Sensory Assessment. Minimum of 5 sessions) |  |
| Full day staff training – sensory needs and strategies |  |

|  |
| --- |
| Please provide details of area(s) of concern: |
|  |

|  |
| --- |
| Are there any days of the week when the pupil is unavailable? Are there any dates that need to be avoided? E.g., SATs; Teacher training days; Educational visits? |
|  |

|  |
| --- |
| Is the pupil accessing a reduced timetable or alternative provision? If so, please provide details of days, times and venue: |
|  |

|  |  |
| --- | --- |
| **Additional information:** | |
| 1. Do you consider English to be the pupil’s first language? | Yes  No |
| 1. Are any other languages spoken at home? | ☐ Yes  ☐ No |
| *If you have answered yes to question 2, please provide further details:* | |
| 1. Length of time in the UK or English-speaking country: |  |
| 1. Does the pupil experience difficulties with literacy in their first language? | ☐ Yes  ☐ No |
| 1. Does the pupil have any medical conditions? E.g., epilepsy, cerebral palsy etc. | ☐ Yes  ☐ No |
| *If you have answered yes to question 5, please provide further details:* | |
| 1. Diagnoses (please select all that apply): | ADHD  ASC  Dyscalculia  Dyslexia  Dyspraxia  Other (please specify): |
| 1. Does the pupil have reading or writing difficulties? | ☐ Yes  ☐ No |
| *If you have answered yes to question 7, please provide further details:* | |
| 1. Does the pupil wear glasses? | ☐ Yes (*if yes, please ensure they have them on the day of the assessment*)  ☐ No |
| *If you have answered yes to question 8, when was the pupil’s last eye examination? If this is greater than two years, an eye examination by an optometrist must be carried out prior to the assessment* |  |
| 1. Does the pupil wear hearing aids? | ☐ Yes (*if yes, please ensure they have them on the day of the assessment*)  ☐ No |
| 1. Are there any concerns regarding hearing? | ☐ Yes  ☐ No |
| *If you have answered yes to question 10, please investigate this further via an audiologist prior to the assessment* | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current attainment levels:** | | | | | |
| **Early Years Foundation Stage:** | | | | | |
| Communication and Language |  | Expressive Arts and Design |  | Literacy |  |
|  |  |  |  |  |  |
| Mathematics |  | Personal, Social and Emotional Development |  | Physical Development |  |
|  |  |  |  |  |  |
| Understanding the World |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Stages One and Two:** | | | | | |
| Reading |  | Writing |  | Mathematics |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Stages Three and Four (current working at grade):** | | | |
| English |  | Maths |  |

|  |  |
| --- | --- |
| **Please indicate the pupil’s status regarding the SEN Code of Practice:** | |
| Has SEND | ☐ Yes  ☐ No |
| SEND Support – Graduated Approach | ☐ Yes  ☐ No |
| Education, Health and Care Needs Assessment (EHCNA) requested | ☐ Yes  ☐ No |
| EHCP | ☐ Yes  ☐ No |
| In process of applying for an EHCP | ☐ Yes  ☐ No |
| Is the pupil on the Umbrella Pathway? | ☐ Yes  ☐ No |
| *If yes, please provide the date when the referral was accepted:* | |
| *Please state what involvement the Umbrella Pathway have had so far:* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate which services are or have been involved with the pupil (e.g., Ed Psych; OT; SALT etc.,):** | | | |
| Professional Agency | Name of professional | Date(s) of involvement | Report attached |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Please attach copies of the following (where relevant)** | |
| Current IEP/ Provision map |  |
| EHCP |  |
| SAT results and Teacher Assessment Levels |  |
| Any recent observations by class teacher/ SENDCo/ HoY |  |
| Any other reports that may be relevant |  |

*Please note in* ***all*** *cases, Parental Consent (PR) must be obtained* ***prior*** *to SEND Services for your School becoming involved. It is the commissioning school’s responsibility to obtain this. Please ensure that this has been done before returning this form. Please be advised that photographs may be used as part of the assessment and these will be stored securely in line with GDPR regulations. Reports may be shared, as required, with other appropriate specialists within the Service (e.g., SALT). Further information about how SEND Services for your School will use the data contained on this form can be found by clicking on the following link:* [*https://www.chadsgroveschool.org.uk/web/policies/189312*](https://www.chadsgroveschool.org.uk/web/policies/189312)

|  |  |
| --- | --- |
| **By signing below, you are confirming:** | |
| * That Parental Consent (PR) has been obtained and consent has been given for ‘SEND Services for *your* School’ to support the pupil(s) named on this referral form * That an appropriate room will be available for the duration of the assessment (i.e., distraction free, with adequate heating, lighting and ventilation) | |
| Signature of person commissioning support: |  |
| Name (in capitals): |  |
| Role: |  |
| Date: |  |

Please return via:

**Worcestershire County Council Children’s Services Portal –** select named individual – TERESA HAMILTON or via **Egress** - [schoolsupportservices@chadsgrove.worcs.sch.uk](mailto:schoolsupportservices@chadsgrove.worcs.sch.uk)

SEND Services for *your* School

Meadow Road

Catshill

Bromsgrove

Worcestershire

B61 0JL

Tel: 01527 877262

Email: [schoolsupportservices@chadsgrove.worcs.sch.uk](mailto:schoolsupportservices@chadsgrove.worcs.sch.uk)

Website: <https://www.chadsgroveschool.org.uk>

|  |  |
| --- | --- |
| Twitter new 2023 X logo on white background vector | @chadsupportteam |