Learning Support Team

Early Years Strengths & Needs

School Questionnaire

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| Pupil Surname:  |
| Pupil Forename: |
| Date of Birth:   |
| Name of person completing this form:   |
| Relationship to pupil:   |
|  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Attainment in Learning**

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| Early Learning Goals |
| Areas of Learning and Development | Attainment |
| Communication and Language |  |
| Personal, Social and Emotional Development  |  |
| Physical Development  |  |
| Literacy |  |
| Mathematics |  |
| Understanding the World |  |
| Expressive Arts and Design |  |

**Other Assessment Data:** |
| **What current support strategies or interventions are being implemented?**  |
| Interventione.g. reading support, spellings, motor intervention | Classroom (Quality First Teaching)e.g. writing slope, pencil grips, ICT, coloured overlays, word banks |
| **What difficulties is the pupil experiencing?** |
| Social and Emotional |
| Cognition and Learning  |
| Language and Communication  |
| Physical and Sensory |
| **Please attach copies of the following reports *(where relevant)***

|  |  |
| --- | --- |
| Pupil Information | *Tick if attached* |
| Pupil’s current IEP / Provision Map | [ ]  |
| Any other reports which may be relevant to support the referral | [ ]  |

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| **Referral checklist** (minimum requirements)- prior to sending to SEND Services for *your* School, have you included:[x]  Referral form [ ]  Parent/carer formPlease ensure that each of the above elements are sent as separate files and are in page order\*\*\*Referrals **will be** **rejected** if any of the above items are missing or incomplete\*\*\* |
| *In* ***all*** *cases, parental consent must be obtained* ***prior*** *to SSFYS involvement. It is the commissioning school’s responsibility to obtain this. Please ensure that this has been done before returning this form. Please see our GDPR privacy statement regarding data protection. Photographs may be used as part of the assessment and these will be stored securely in line with GDPR regulations. Reports will be shared, as required, with other appropriate specialists within the SSFYS support portfolio (e.g. SaLT).* |
| **By signing below, you are confirming that parents/carers have consented to SEND Services for *your* School involvement.** |
| Signature of person commissioning support: | Position: |
| Name (in capitals): | Date:  |
| ***Please return completed referral forms via:*** **Worcestershire County Council Children’s Services Portal** – select named individual – TERESA HAMILTON***OR******EGRESS –*** *schoolsupportservices@chadsgrove.worcs.sch.uk* |
| **SEND Services for *your* School**Chadsgrove SchoolMeadow RoadCatshill, BromsgroveWorcestershire, B61 0JL**Tel:** 01527 877262**Email:** schoolsupportservices@chadsgrove.worcs.sch.uk**Website:** [https://www.chadsgroveschool.org.uk](https://www.chadsgroveschool.org.uk/web/school_support_services)A black x symbol with white lines  Description automatically generated@chadsupportteam |