**Pathways Referral Form**

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| 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: |  | | | | Attendance (%): |  |
| Telephone Number: |  | | | | | |
| SENDCo Name: |  | Class Teacher/  Form Tutor: | | |  | |
| SENDCo Email address: |  | | | | | |
| Previous school(s) attended: |  | | | | | |

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| **Pupil information:** | |
| 1. Does the pupil have any medical conditions? E.g., epilepsy, cerebral palsy etc. | ☐ Yes  ☐ No |
| *If you have answered yes to question 1, 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 3, please provide further details:* | |
| 1. Does the pupil wear glasses? | ☐ Yes  ☐ No |
| 1. Does the pupil wear hearing aids? | ☐ Yes  ☐ No |
| 1. Are there any concerns regarding hearing? | ☐ Yes  ☐ No |

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| Please provide the reason(s) for the referral and an overview of any area(s) of concern: |
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| **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 |

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| 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:* | |

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| **Please indicate which services are or were involved with the pupil (e.g., Ed Psych; OT; SALT etc.,):** | | | |
| Professional Agency | Name of professional | Date(s) of involvement | Report attached |
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| **Please attach copies of the following (where relevant):** | |
| Current IEP/ Provision map |  |
| EHCP |  |
| SAT results and Teacher Assessment Levels |  |
| Any recent observation by class teacher/ SENDCo/ HoY |  |
| Any other reports that may be relevant |  |

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| **Referral Checklist:** Have you included the following documents before sending to SEND Services for *your* School? | |
| Referral Form |  |
| Overview of Needs form – completed by parents/carers |  |
| Overview of Needs form – completed by school |  |
| Sensory Assessment – completed by parents/ carers |  |
| Sensory Assessment – completed by school |  |

*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 Pathways work and these will be stored securely in line with GDPR regulations. Reports produced by specialist teachers may be shared, as required, with other appropriate specialists (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)

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| **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 you understand that Pathways is a continuous provision which incurs a weekly charge and that costs vary between Stage 1, 2 and 3. * You agree to being charged on an ongoing weekly basis (excluding WCC school holiday dates) until cancelled by the commissioning body (e.g., school, SEND, LA) * That you will be engaged in progress reviews and any transition between stages as part of the ongoing support from the lead specialist teacher supporting the pupil. | |
| Signature of person commissioning support: |  |
| Name (in capitals): |  |
| Role: |  |
| Date: |  |

Please return completed referral forms 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

Chadsgrove 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>

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