



The Collett School Outreach Service



Referral Form

School name, phone number and address:	
SENCo name & email contact details:	
Class teacher's name and email contact details:	
Type of referral:	<input type="radio"/> Pupil Focus Referral <i>(If pupil referral, please complete pupil details below)</i> <input type="radio"/> School Focus Referral (for groups of pupils)

Pupil name:		Gender:	
Date of birth :	<i>(Please state if pupil is out of year group)</i>	Year Group:	
Unique Pupil Number	<i>(This must be completed)</i>		
Pupil's Diagnosis (if applicable)			
Reason(s) for the referral:			
Description of pupil's main presenting need(s):			
Pupil's main strengths			

Please indicate on a scale of 1 to 10 below how confident you are at present in being able to meet the main presenting need of this pupil. (1 = LEAST able; 10 = MOST able)									
1	2	3	4	5	6	7	8	9	10

This information will be used to compare staff confidence at the beginning and end of the intervention.

Does the pupil have an Education Health and Care Plan?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In progress		
Does the pupil receive additional support?	<input type="radio"/> Yes <i>(If yes, please provide details)</i> <input type="radio"/> No		
Is the pupil attending full time?	<input type="radio"/> Yes <input type="radio"/> No <i>(If no, please provide details)</i>		
Is there existing involvement or support from any other services:	SEND Specialist Advice and Support <input type="radio"/> Speech Language, Communication Autism <input type="radio"/> SpLD <input type="radio"/> Early Years	<input type="radio"/> EP <input type="radio"/> SALT <input type="radio"/> Behaviour Support Services <input type="radio"/> Therapy / NESSie <input type="radio"/> Other (please state)	
Pupil's overall attendance %	Number of exclusions in the past two terms		



Collett Outreach Service

Referral Form

Parent Views and Consent

How confident are you currently in understanding your child's needs? (10 very confident / 1 not confident at all)									
☹️ 1	2	3	4	5	6	7	8	9	😊 10

How confident are you currently in meeting your child's needs? (10 very confident / 1 not confident at all)									
☹️ 1	2	3	4	5	6	7	8	9	😊 10

Would parents like to attend a meeting with the outreach provider?									
<input type="radio"/> Yes <input type="radio"/> No									
Please note, parents will be provided with a copy of the outreach report.									

We confirm that access to the outreach service has been discussed with the parent, who gives consent to the service being received, and information regarding this pupil being shared with practitioners working to support them within the local authority:

Parent

Date

School

Date