**Stepping Stones Referral Form **

Name of Child:

DOB:

School:

Contact Number:

**For**

 **Intervention**

**From Our Outreach Support Team**

****

Date of This Referral:

Date OST Responded (to be completed by SS staff):

**PLEASE ENSURE THE PARENT/CARE SIGNS THIS REFERRAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name**: | **ETHNICITY**: | **Year Group**: | **MALE****FEMALE** |
| **UPN NUMBER**: | **FIRST LANGUAGE**: | **SCHOOL NUMBER**: |  |
|  |  | **SEN STAGE**: |  |
| **SCHOOL**: | **Previous schools/Reason for change**: |
| **SCHOOL PHONE NO**: |
| **Number of days exclusions**: | **Head Teacher’s Name**: |
| **Class Teacher’s name**:**Email**: | **SENCO’s name**:**Email**: |

|  |  |  |
| --- | --- | --- |
| **NAME OF REFERRER**: | **POST**: | **CONTACT NUMBER & EMAIL**: |

What are the child’s strengths? (Please bullet point)

What are the specific behaviours which have led to this referral? (Please bullet point)

What support has been implemented to date? (Please bullet point).

Eg: in class support, one to one withdrawal, interventions, mentoring, social skills groups, counselling, following a behaviour plan, pastoral support plan and/or IEP. *Please detail the nature, duration & outcomes of the support and attach evidence.*

EXTERNAL AGENCIES INVOLVED

How have external agencies been involved? Eg: CAMHs, Education Psychologist, Social Care, Speech & Language. (Please indicate nature of involvement, names, dates & contact numbers)

**If the child has been diagnosed with any of the following, please provide dates and person who completed diagnosis and attach copy of paperwork**

|  |  |  |
| --- | --- | --- |
| **DIAGNOSIS** | **TICK** | **Name & Date** |
| **ADHD** |  |  |
| **ASC** |  |  |
| **ODD** |  |  |
| **CONDUCT DISORDER** |  |  |
| **ATTACHMENT/EARLY TRAUMA** |  |  |
| **EDUCATIONAL SUPPORT e.g. DYSLEXIA, READING RECOVERY** |  |  |
| **SPEECH & LANGUAGE**  |  |  |

**Current Academic Levels**

|  |  |  |
| --- | --- | --- |
| **Reading**  |  **Writing**  | **Maths**  |

**OTHER**

|  |  |  |
| --- | --- | --- |
|  **Child Protection (please indicate)****YES****NO****Child In Need Plan (please indicate)** **YES****NO** | **Looked After Child – state Authority that has responsibility** | **Eligible for PPG (please indicate)****YES****NO** |
| **Attendance percentage since September (From SIMs)**: | **Number of Fixed Term Exclusions in this year group**: |

|  |  |
| --- | --- |
| **Recommendations for Senior Leadership/SENCO:** | **Dates and Impact of these Actions.** |
|  |  |

|  |  |
| --- | --- |
| **Strategies**: | **Impact of these strategies** |
| *
 |  |

|  |  |
| --- | --- |
| **Name and relationship of adult with Parental Responsibility**: | **ADDRESS**: |
| **Home Telephone**: | **Mobile**: |
| **Parental permission given to receive SS support, including ‘thrive’ approach**:**YES****NO** | **Parental permission given to share information with SS**:**YES****NO** |
| I GIVE PERMISSSION FOR THE ABOVE NAMED MAINSTREAM SCHOOL TO SHARE INFORMATION WITH STEPPING STONES SHORT STAY SCHOOL.Signed by Parent/Carer: |

Stepping Stones – Referral Criteria

*Please ensure you have provided all of the information below before submitting your referral form*

 Tick to Confirm

|  |  |
| --- | --- |
| 1. The child is on the school SEN register.
 |  |
| 1. The strategies recommended by Stepping Stones Outreach team have been used to address the child’s needs.
 |  |
| 1. Most recent Individual plans (IEP, PSP &/or behavioural) are attached
 |  |
| 1. The child is now at risk of permanent exclusion.
 | YES NO |
| 1. **Copy of CAF and TAFs attached**
 |  |
| 1. **Relevant Reports: e.g. EP, Speech & Language, CAMHS**
 |  |

Please return the completed form and accompanying documentation to:

Diane Sheron

Inclusion Manager

Stepping Stones PRU

Bowerham Road

Lancaster

Lancs

LA1 4HT

Tel: 01524-67164

Main contact

email: diane.sheron@steppingstones.lancs.sch.uk

Please cc the following contact into your referral:

email: a.shepherd@steppingstones.lancs.sch.uk