**Stepping Stones Request Form **

**Outreach Support for**

Year 6 to High School

Transition

Name of Child:

DOB:

Primary School:

Contact Number:

**Intended High School:**

Contact Number:

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|  |
| --- |
| Does your current Risk Assessment permit visitors to enter your school?  Yes/No  Would you like us to email a copy of the Stepping Stones Outreach Team’s current Risk Assessment ?  Yes/No |

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**: | **Yr**: 6 | **MALE FEMALE** |
| **UPN NUMBER**: | **FIRST LANGUAGE**: | **SCHOOL NUMBER**: |  |
| **SEN STAGE** | **Number of days exclusions this year group**: | **Any previous schools/reason for change**: | |
| **Head Teacher’s Name**: | | **Attendance percentage since September (From SIMs)**: | |
| **Class Teacher’s name**:  **Email**: | | **SENCO’s name**:  **Email**: | |

|  |  |  |
| --- | --- | --- |
| **NAME OF REFERRER**: | **POST**: | **EMAIL**: |

|  |  |  |
| --- | --- | --- |
| **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** |

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?

Eg: in class support, one to one withdrawal, interventions, mentoring, social skills groups, counselling, following a behaviour plan, pastoral support plan and/or IEP, external agencies (Please bullet point).

**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** |

|  |  |
| --- | --- |
| **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 PRIMARY SCHOOL TO SHARE INFORMATION WITH STEPPING STONES SHORT STAY SCHOOL AND THE INTENDED NAMED HIGH SCHOOL.  Signed by Parent/Carer: | |

The signed copy can be collected during the first visit to school, prior to any further information sharing. Verbal consent must have been received

Stepping Stones – Referral Checklist

*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. Most recent Individual plans (IEP, PSP &/or behavioural) are attached |  |
| 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](mailto:diane.sheron@steppingstones.lancs.sch.uk)

Please cc the following contact into your referral:

email: [a.shepherd@steppingstones.lancs.sch.uk](mailto:anne.shepherd@steppingstones.lancs.sch.uk)