**Physical Disabilities Outreach**

**Request for Advice from Special Educational Needs and Physical Disabilities Outreach**

To help us provide advice that will be effective for you please complete this form with as much detail as possible. Please complete the referral form in Word format and send via Outreach@st-francis.lincs.sch.uk

Please scan the Parent Consent form and send via email or ask parents/guardians to email their consent to us.

Please read in conjunction with Roles and Responsibilities document that can be found here <https://www.st-francis.lincs.sch.uk/pd-outreach/make-a-referral/>

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| Name of the Pupil |  |
| Name of the School |  |
| Key Contact for School-phone number and e mail (SENCO, class teacher, Head) |  |
| Name of Head Teacher with signature to agree Outreach involvement |  |
| Date of Birth |  |
| Name of Parent/Carer*Please provide parent consent form*  |  |
| Does the pupil currently have an EHCP? |  |
| In which area of Lincolnshire is your **school** | Boston LincolnNorth Kesteven South KestevenWest Lindsey East Lindsey South Holland North East Lincolnshire |
| Date of referral  |  |

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| Details of diagnosis: |
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| Please give a summary of current support agencies involvement (e.g. speech therapists, alternative outreach support, OT, Physio etc). Please provide names and most recent reports (attach where possible) |
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| Area of Development – please give details of the main difficulties the pupil faces:  |
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| **Staff member:** (Please highlight score)How do you rate the level of difficulty you have with this? |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Not difficult Really difficult |
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| **Pupil:** (Please highlight score)How do you rate the level of difficulty you have with this? |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Not difficult Really difficult |

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| Please list briefly the strategies you have used (in line with reasonable adjustments made) and the effect they have had: |
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| Please outline what outcomes you would like to achieve from our input (based on our criteria, if this is not the case, we may signpost to other services): |
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| Please outline the outcomes the pupil would like to achieve (for this we require you to talk to the pupil about our service and ask them what they would like us to support them with. We understand some pupils would find this difficult so in those cases please put N/A) |
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| Give brief details of academic progress and progression over the last year |
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| Current Targets (attach latest progress report if available) |
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Thank you, we will be in touch to arrange a visit, initial phone call and to discuss next steps