



Primary Outreach Team Referral Form

(Tier 2)

DSPL4

Delivering Special Provision Locally

When this form is completed, please return to:

- Jackie Richardson, DSPL4 Primary Outreach Team Manager
jackie.richardson@riversesc.herts.sch.uk

Please be aware that this information may be shared with a panel of professionals representing the DSPL, in line with Data Protection procedures.

Please password protect the form.

School Details	
Name of School:	
Date:	
Name and role of person completing form:	
Email:	
Telephone:	

Student Details		
Name:	Date of birth:	Current year group:
Male/Female/Other	Ethnicity:	First Language:
Free school meals: Yes / No	Pupil Premium: Yes / No	Interpreter required: Yes / No
FFA in place: Yes / No	CIN plan in place: Yes / No	CP plan in place: Yes / No
Child looked after: Yes / No	Adopted child: Yes / No	Other:

SEND	
Main presenting need:	
Confirmed diagnosis or pathway – Please detail:	
SEND Support:	Yes / No
LHNF:	Yes / No
Evidence being gathered for EHCP:	Yes / No
EHCP assessment pending:	Yes / No
EHCP in place:	Yes / No
Funding level:	

School approach to Behaviour
Therapeutic Thinking school: Yes / No
Evidence of: <ul style="list-style-type: none"> <input type="checkbox"/> Graduated response <input type="checkbox"/> Predict + Prevent + Progress plan <input type="checkbox"/> Therapeutic plan



Current education circumstances	
In school full time:	Yes / No
On reduced timetable - Please detail:	Yes / No
Estimated percentage of school day spent in classroom:	
Attendance percentage:	
Suspensions (date, duration, reason):	

Interventions / other services, professionals (tick all that apply)	
<input type="checkbox"/> Nurture Group	<input type="checkbox"/> CAMHS / Step 2 involvement
<input type="checkbox"/> Drawing and Talking	<input type="checkbox"/> ISL SEND SAS involvement
<input type="checkbox"/> Internal mentoring	<input type="checkbox"/> Family Support Worker
<input type="checkbox"/> Middleton Outreach	<input type="checkbox"/> Strength in Mind
<input type="checkbox"/> Education Psychology involvement	<input type="checkbox"/> HABS/CHEX/BCW
<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Health (school nurse/health visitor)
<input type="checkbox"/> Other - Please detail:	
Please provide details of involvement:	

Please provide your concerns and any other comments that may be useful, for example: daily presentation of behaviours, any adverse experiences for the child, function of the behaviours

School Professional Signature:	
Parent/Carer Signature:	
Date:	