**Speech Language and Communication Needs Secondary Schools**

**Referral Form**

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| Name of young person: | DoB:  Year group: | | School: |
| What level of support is currently in place for the young person?  (e.g. Early Help Assessment? EHCP?) | Name of referrer:  Referrer’s email address (if different to SENCo):  Name of SENCo:  SENCo’s email address:  Telephone number: | | |
| Other professionals involved? | | | Any medical diagnosis? |
| GP Practice:  Telephone number: | | | |
| What are your concerns regarding speech, language and communication?  Please rate your level of concern on the following scale  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *1 2 3 4 5 6 7 8 9 10*  *not extremely*  *concerned concerned* | | | |
| Any other concerns? | | What are your expected outcomes following this referral? | |
| Current Attainment:  English:  Maths:  Science: | | Does the pupil have: (please attach if possible)  Pupil Passport Yes/No  First Language Assessment Yes/No | |

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| Strengths and interests: | | |
| Parental view: | | |
| Student’s view: | | |
| What strategies have already been tried regarding your concerns and what effects have been noted?  (please provide evidence of two cycles of assess, plan, do, review) | | |
| Strategies/Resources used: | Over what timescale? | Outcome/Effects: |
| **TO BE FILLED IN BY THE PARENT/GUARDIAN/CARER:**  **Name(s) of Parent(s)/Main Carer(s) with parental responsibility:**  **Daytime contact telephone Number:**  **Parent/Carer Address:**  **The Secondary SLCN Team consists of Speech and Language Therapists (NHS – Speech and Language Therapy) and Specialist Teachers (County Council – SEND Specialist Services).**  I understand that the information I have provided will be shared with members of the SEND Specialist Service and Speech and Language Therapy. I understand that SEND Specialist Services and Speech and Language Therapy work with different professionals from within the Health service *and* Cambridgeshire County Council (e.g. community paediatricians, GPs, Social Care, Education) and **may need to share or ask for information**,e.g. reports about the needs of my child and family.  I understand that this information and record of work will be stored electronically on the Cambridgeshire County Council and NHS systems and may be used for audit and quality assurance processes. .  The Local Authority/NHS have the power to share information about families where there are concerns about the well-being of children and young people.  For any further queries, questions or concerns relating to data protection and the Data Protection Act, please contact us at: Email:  [data.protection@cambridgeshire.gov.uk](mailto:data.protection@cambridgeshire.gov.uk) Tel: 01223 699137  I understand that I have the right, at any time, to request access to all personal information held about me.  For further details about this, please see our web page <http://www.cambridgeshire.gov.uk/info/20044/data-protection-and-foi>/     |  |  |  | | --- | --- | --- | | I understand that the local Authority will collect, store and share my personal information in a way that is compatible with the Data Protection Act.  I give permission for my child to be seen by the SLCN team in school:   **YES/NO**   I give permission for reports to be shared with relevant colleagues and for those colleagues to be asked for relevant information if they are also involved in supporting my child: **YES/NO** | | | | Parent/Carer/Guardian name: | Signature: | Date: | | | |