ELM TREE



Holistic Outreach Service

Believe to Achieve

**PUPIL REFERRAL REQUEST FOR**

**ELM TREE HOLISTIC OUTREACH SERVICE**

**(ETHOS)**

**To be returned to:**

**Dawn Hughes (Outreach Worker)**

**Elm Tree Community Primary School, Elmers Wood Road, Tanhouse, Skelmersdale, Lancashire, WN8 6SA**

**(01695) 50924**

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Revised - September 2019

**Please attach the following with the referral form:**

 **TICK**

|  |  |
| --- | --- |
| Common Assessment Form (CAF) and TAC Meeting Minutes |  |
| Chronology of Action |  |
| Class Teacher/SENCO/Headteacher summary (Performa and Appendix 1included) |  |
| Attendance (print out from SIMS) |  |
| Assessments |  |
| Evaluated IEPs/IBPs |  |
| ‘All About Me’ Profile (if available) |  |
| Fixed Term/Permanent Exclusion information |  |
| Child’s View |  |
| Parents/Carers View |  |
| Boxall Profile Assessment (OPTIONAL) |  |
| Behaviour Logs/ABC’s plus Evaluations |  |
| **Reports from other services and agencies involved:** |  |
| IDSS  |  |
| CAMHS / Medical Reports  |  |
| Children's Social Care  |  |
| Voluntary Agencies |  |
| Other |  |

|  |
| --- |
| **Section 1: The Child** |
| Child’s First Name:  | Family Name: |
| DOB: | UPN: | Date on role: |
| Year Group: |  | Male | Female |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Details** |  |  |  |
| Parent/Carer |  | Parent/Carer |  |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Telephone No: |  | Telephone No: |  |

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| --- |
| **Child’s Health Details** |
| Any medical conditions? (ADHD, ASD, DYSPRAXIA, EPILEPSY)  |
| Is the child taking any medication? (if yes please give details) |

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| Is the child or has the child been known to Social Care? Yes NoIf yes, please give details: Is the pupil eligible for Pupil Premium? Yes NoIf ‘Yes’ briefly state how this money has been spent: |

|  |  |  |
| --- | --- | --- |
| **Current level of support****(and dates)** | **Learning** | **Behaviour** |
| Formal Assessment |  |  |
| EHCP Statement (State category) |  |  |

|  |
| --- |
| Is the pupil attending full time? Yes / No |
| Recent Exclusions: Yes / No |
| If Yes date(s) of Exclusions: |

|  |
| --- |
| **Section 2: The School** |
| School Name: |
| School Address: |
| LCC School Number: |
| Telephone Number: |
| **Headteacher:**Name:  Email: |
| **SENCo:**Name: Email: |
| **Class Teacher:**NameEmail: |
| **TA:** (if applicable)Name:Email: |
| **IDSS SENDO**:Name: |
| **Link EP:**Name: |
| **DSP Staff Member:** Name: |
| **LA Adviser:**Name: |
| Previous school(s) the pupil has attended: |

**Mainstream School’s Summary Of Need To Support Referral To ETHOS**

(Please refer to Appendix A)

**Summary Of The Pupil’s Difficulties:**

**Emotional:**

**Social:**

**Behavioural:**

**Medical:**

**Learning:**

**Other:**

|  |
| --- |
| **Section 3: Standardised Assessments** |

**If the child is Early Years, please attach EYFS Profile**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| National Curriculum Levels |  | SATS | Date | Current Teacher Assessment | Date |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Numeracy |  |  |  |  |

**Other Tests:**

|  |  |  |
| --- | --- | --- |
| ***Name of Test***  | ***Scores***  | ***Comment***  |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- |
| **I confirm that I agree to the terms of the referral process and agree that relevant data can be shared with professionals working at Elm Tree Community Primary School and, in addition:*** **Professionals at IDSS (Educational Psychologists, SENDOs and SEN Officers).**
* **CAMHS (if they are working with the child).**
* **Any other professionals involved in supporting the child.**
 |
| Print name of person completing this form: |
| Position in school: |
| Parent/carer signature: | Date: |
| Head Teacher’s signature: | Date: |

**It is essential that this form is accurate and complete. Incomplete forms may be returned.**

**Appendix A**

Emotional –

* Emotional well-being: secure, stable, anxious, intolerant? (usually emanating from home, but could be disaffection with school if child has felt unsuccessful in the classroom)
* Emotional intelligence? Does this child know what he/she is feeling, why, or how to control it?
* Attachment: Is this child able to form positive attachments with adults both at home and at school.
* Self-esteem: as a learner, as a friend, as a child liked by adults and pupils?
* Self-image: poor, dysfunctional, unrealistic, egocentric, arrogant (all of these may however be symptoms of low self-esteem)?
* Empathy: consideration for others, sympathetic, remorseful?
* Conscience: has this child developed a conscience, follows rules, wants to please, understands right from wrong?
* Trust: Does this child trust adults to advise and support him/her? Or does this child need to have control?

Social –

* Has this child developed appropriate social skills? Does he/she need to be directly taught these skills?
* Can he/she develop reciprocal relationships with peers?
* Can he/she develop trusting relationships with adults?
* Can he/she trust adults enough to relax and enjoy social interactions?

Behavioural –

* Does this child comply with teacher requests?
* Does this child demand adult attention in negative ways?
* Does this child demand peer group attention through disruptive behaviour?
* Does this child lose control?
* Does this child become angry, upset or frustrated?

Environmental –

* Some children may be hungry, tired, poorly clothed, withdrawn or exhibit a sudden behaviour change.