



**Request for consideration for Outreach Support**

**SS1 REFERRAL FORM (Ardmore)**

Please complete referral form as fully as possible with all the relevant documents attached.

**Stage 2 IEP and review is essential.**

**General Information**

School Name		Tel No	
SENCO/School Contact		email	

**Child's details**

Forename		Surname	
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Address		Postcode	
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DOB		Gender	M / F
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Form / Class		Key Stage		LAC ?	Y/N
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**Contact details of person with parental responsibility**

Forename		Surname	
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Address		Postcode	
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Phone	
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**Referral Information**

Stage: (please circle)

Code of Practice	2	3	4	5 – Please attach statement
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Reason for referral	
Strategies used to date	

Responses to these strategies	

Has a risk assessment been carried out?	Y / N
Has a risk management plan been devised and implemented?	Y / N

Please attach

Has the pupil been suspended	Y / N		
Has the pupil had multiple suspensions?	Y / N		
Attendance concerns?	Y / N	EWO	Y/N

Please give details:

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Most recent school report attached	Y / N
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Referral to other Board services?	Y / N
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Please give details:


Looked after status	Foster Care	Residential	Respite Care
Key Worker Details			

(Please Circle)

Child Protection Register	Y / N	Care Order	Y / N
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Social Services Involvement?	Y / N
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If yes please give name and contact number for social worker


Additional Comments: (e.g. ex – LAC)	

Any other factors that may have contributed to child's presenting difficulties:	

Signatures:

**School Principal**\_\_\_\_\_

**Date:**\_\_\_\_\_

***Parent / Guardian:***

I have read and discussed this completed referral form and agree to it being forwarded to the Outreach Support Team for consideration and possible support.

Signed:

Print Name:

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**Parent or person exercising parental responsibility.**