ELM TREE

Holistic Outreach Service

Believe to Achieve

PUPIL REFERRAL REQUEST FOR ELM TREE HOLISTIC OUTREACH SERVICE

To be returned to:

Keeley Wainwright

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

(01695) 50924

Outreach@elmtree.lancs.sch.uk

Pupil Details:			
School Name:		Referring professional:	
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:	

EHCP	
Is the child in receipt of an EHCP?	☐Yes ☐No
Has a request for an Educational Health Care Needs Assessment been submitted to the LA?	☐Yes ☐No
Is the child awaiting a finalised EHCP?	☐Yes ☐No

Child's Health Details
Any medical conditions? (ADHD, ASD, DYSPRAXIA, EPILEPSY)
Is the child taking any medication? ☐Yes ☐ No (if yes please give details)

Is the child or has the child been known to Social Care? ☐ Yes ☐No If yes, please give details:

Is the pupil attending full time?	☐Yes ☐No
Are there any concerns regarding the pupils' attendance? ☐Yes ☐No	
If Yes, provide further details:	
Recent Exclusions:	☐Yes ☐No
If Yes date(s) of Exclusions:	

Does the child have a current behaviour plan?
Details of plan / interventions in place

Summary of the Pupil's individual needs/barriers to learning
Cognition and Learning:
Communication and Interaction:
Social, Emotional and Mental Health:
Physical and sensory :
Independence and self-help:

Parent /Carer comments (if required)

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. Parental consent must be obtained before any observation and future work.