

**Referral to Hitchin Primary Outreach Support Service**

**For Early Years and Foundation Stage Pupils**

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| **Student Details:** |
| **First Name:** | **Middle Name(s):** | **Family Name/Surname:** |
| **Date of Birth:****Chronological age at time of referral:** | **Current Year Group:** | **Female/Male:** |

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| **School Details:** |
| **Name of School/Setting:** |  |
| **Date of Referral:** |  |
| **Name of staff member completing referral:** |  |
| **Position of staff member:** |  |
| **Is your school Herts Steps trained?** |  |

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| **SEND (tick as appropriate)** |
| **Part of SEND cohort** |  | **Part of SEND cohort, what are the main presenting needs?** |
| **SEND support** |  |
| **Evidence being gathered for EHC plan** |  |
| **EHC plan assessment pending** |  |
| **EHC plan pending** |  |
| **EHC plan add here HNF number terms and banding** |  |
| **LHNF, band and duration** |  |
| **Additional Information** |

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| **Parent/Carer Details:** |
| **Full Name:** | **Home Tel:** | **Mobile Tel:** | **Work Tel:** |
| **Address:** | **Email:** | **Relationship to pupil:** |
| **Parent/Carer Details:** |
| **Full Name:** | **Home Tel:** | **Mobile Tel:** | **Work Tel:** |
| **Address:** | **Email:** | **Relationship to pupil:** |

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| **Background Information: (non-compulsory)** |
| **Gestation of Pregnancy** |  |
| **Birth Complications** |  |
| **Developmental Milestones** | **Sitting Up** | **Crawling** | **Walking** | **First Words** |

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| **EYFS Present Attainment:** |
|  | **Stage of development** |
| **Communication and Language** |  |
| **PSED** |  |
| **Literacy** |  |
| **Maths** |  |

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| **Attendance Data:** | **% attendance**  | **% punctuality** |
| **Current academic year** |  |  |
| **Previous academic year** |  |  |

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| **Nature of concern (please tick all that apply)**  |
| Risk of school failure through disaffection/non-attendance |  |  |
| Rapidly deteriorating behaviour |  |  |
| Lack of self-awareness to dangers and risks |  |  |
| Lack of self-awareness to dangers and risk of others |  |  |
| Ability to self-regulate |  |  |
| Ability to communicate feelings and emotions appropriately |  |  |
| Ability to communicate when anxiety has been reduced |  |  |
| Impact of their behaviour on own learning | Low 1 2 3 4 5 6 7 8 9 10 High |
| Impact of their behaviour on the learning of others | Low 1 2 3 4 5 6 7 8 9 10 High |
| Impact of their behaviour on teacher’s delivery of curriculum | Low 1 2 3 4 5 6 7 8 9 10 High |
| **Where does the behaviour occur? Please describe below behaviours frequently observed:****(tick all that apply)**  |
| Separation from primary carer |  |  |
| Classroom |  |
| Outdoor space |  |
| Transitions |  |
| At home |  |
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| **What support/strategies are presently in place?** |
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| **Personalised reasonable adjustments in place- details** |
| Structure Routine and Visuals |  |
| Supporting Curriculum Access |  |
| Supporting Social Interactions |  |
| Supporting Communication |  |
| Supporting Emotional Needs |  |
| **Hertfordshire Behaviour Strategy: See Appendix 4 Hertfordshire’s Tiered Approach to Behaviour for examples of good practice including: Policy, Induction, Pastoral/Therapeutic Support, CPD, Communication, Support from FSW and other agencies.** |
| **Tier 1-the school provides support from its own resources to children who are beginning to experience difficulties. (This list is not exhaustive.)**  |
| **Provided and in place:** | **YES** | **NO** |
| Behaviour expectations outlined |  |  |
| TA floating classroom support |  |  |
| Nurture Group |  |  |
| Pastoral Team support |  |  |
| Protective behaviours delivered by school |  |  |
| Mentoring |  |  |
| Family support worker |  |  |
| Therapeutic services |  |  |
| SENDCo support/interventions |  |  |
| Advice from local schools, special schools, Primary Behaviour Services |  |  |
| CAMHs |  |  |
| School based targeted interventions |  |  |
| Use of Step On strategies |  |  |
| **Tier 2-the school accesses enhanced support for children that continue to struggle. (This list is not exhaustive.)** |
| **Provided and in place:** | **YES** | **NO** |
| 1:1 support in setting |  |  |
| Family Support Worker Family centre/Hit part |  |  |
| Steps call to Steps |  |  |
| CAMHs Step 2 |  |  |
| ISL Educational Psychologist surgery time |  |  |
| SENDIASS |  |  |
| ISL SEND advice |  |  |
| Individual Behaviour Support Plan |  |  |
| Risk Management Plan |  |  |
| Risk Assessment |  |  |
| NESSie |  |  |
| EY advisory teacher |  |  |
| Woolgrove Outreach |  |  |

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| **Desired Outcome of this Referral** |
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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/s) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this referral by email (password protected) to:-

Sarah Lindus Lead Teacher Hitchin Primary Outreach Support Service
leadteacherhposs@oughton.herts.sch.uk