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**Ealing Primary Centre outreach referral form**

Please complete and return this form by email to: referrals@ealingprimarycentre.co.uk

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| --- | --- |
| Child’s name |       |
| Date of birth |       |
| Ethnicity |       |
| Gender |       |
| School |       |
| Year group |       |
| Dates of fixed term exclusions in the last 12 months |       |
| SEN status | Choose an item. |
|  | Rate your concern |
| What are your three biggest concerns for this child/family? | Only a little | Quite a lot | A great deal |
| 1.
 |[ ] [ ] [ ]
| 1.
 |[ ] [ ] [ ]
| 1.
 |[ ] [ ] [ ]

**Attainment & attendance**

|  |  |  |
| --- | --- | --- |
|  | Current teacher assessment | Date |
| Reading |       |       |
| Writing |       |       |
| Numeracy |       |       |
| Attendance |      % |

**Other services**

Please record the names of services that have supported the child or family and tick to indicate whether this was a previous involvement or is a current one

|  |  |  |  |
| --- | --- | --- | --- |
| Name of service | Previously involved | Currently involved | Contact person |
|       |[ ] [ ]        |
|       |[ ] [ ]        |
|       |[ ] [ ]        |
|       |[ ] [ ]        |
|       |[ ] [ ]        |
|       |[ ] [ ]        |
| Please select the highest level of Social Care intervention that the child has received | Choose an item. |

**Additional information checklist**

Please also scan and attach the following information:

|  |
| --- |
| A copy of any relevant professional reports |[ ]
| Provision map of child’s in school support |[ ]

**Please note**, upon receipt of this referral we will contact you to request a CTF file from your SIMS/database to collect:

Parent contact details, UPN, FSM entitlement, registered GP details

**Parent/carers views**

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| Please describe any concerns you may have for your child at home and at school. Please also describe what help you think would support your child, family or the school |
| Click here to enter text. |
| I agree to this referral to Ealing Primary Centre Outreach Service and that they may contact other agencies to request and share information |
| Signed: Click here to sign. Date: Click here to enter a date. |

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Please select your requested support package:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Package** | **Description** | **Duration** | **Cost** |  |
| **Inform:** Training | Whole school INSET training  | 1hr | £250 |[ ]
| **Support:** Developing in school provision | 1. A specialist teacher will visit school to review the child’s SEN information with the SENCO, observe child in class and meet class teacher
2. Develop a ‘Plan, Do, Review’ cycle, with specific targets and interventions that the school will implement
3. Attend and initial meeting with the SENCO, parents/carers and, as appropriate, child
4. Review with the school, parents/carers and child fortnightly over a 6 week period
 | 8 weeks | £730 |[ ]
| **Engage:** Specialistteaching & assessment | 1. A specialist teacher will visit school to review the child’s SEN information with the SENCO, observe child in class and meet class teacher
2. Specialist teacher to develop and deliver a 6 week intervention with the referred child, individually or as part of a small group
3. Attend an initial meeting with SENCO, parents/carers and child at the start of the intervention
4. Attend a review meeting with SENCO, parents/carers and child at the end of the intervention
5. Provide an assessment report with recommendations for further school based support and other agency support
 | 8 weeks | £1,870 |[ ]
| **Engage+:** SEMH Audit | 1. A senior leader will observe whole school systems and how they are supporting the referred child
2. Provide a written report to school detailing the observed good practice and further recommendations
 | 1 week | £500 |[ ]
| **Invest:** Specialist mental health assessment | 1. A clinical psychologist will:
	1. Meet with the SENCO, class teacher and other significant school based staff
	2. Meet with the child for 4 sessions
	3. Meet with the parent/carers for 2 sessions
2. Call a joint consultation meeting with school staff and parents to share the outcome of their intervention and recommendations for future support
3. Provide a written record of the above
4. Share all records and information with relevant medical professionals, including the child’s GP and other CAMHS professionals
 | 8 weeks | £2,290 |[ ]
| **Invest+:** Ongoing specialist mental health intervention | Following on from the Invest intervention, if it is recommended, ongoing clinical psychologist intervention may be purchased in 12 week blocks | 12 weeks | £2,495 |[ ]
| **Re-Invest:** Consultation and recommendation | For children who have previously received **Invest** or **Invest+** support, we offer a consultation to school to advise on further support or onward referral | ½ day | £250 |[ ]
| **General Support** | Specialist teacher support can be requested for a range of other issues, such as:* Transition support
* Support in drafting an ERSA
* Support in developing SEMH provision
 | ½ day1 day | £250£420 |[ ]

|  |  |
| --- | --- |
| Total cost of requested packages: | Click here to enter text. |
| Authorised by: | Click here to enter text. |
| Date: | Click here to enter a date. |

Your school will be invoiced for the above amount at the end of the current school term