

 **REQUEST FOR SUPPORT**

 Please complete all areas, if not relevant please draw a line through that box.

|  |  |
| --- | --- |
| **NAME** **Male/Female** |  |
| **Date of birth:** |  |
| **School:** |  |
| **School Yr:** |  |
| **Level of support:**EHC PlanLSA supportSEN teacherOutreach Service/s |  |
| **Is this Student known to other services?****Is ‘yes’ please state…………** |  |
| **Is this student a Redbridge student?** |  |
| **Parents details**Names AddressTelephone numberEmail  | Please note it is vital that all Parent’s details are added when referring. We require either an email address ideally or Telephone number in addition to the address and their names. |

**Has this student been referred to……………..**

**Physio OT EP Other Outreach Service**

Please can you confirm their input to date?

**Reason for referral**

|  |  |
| --- | --- |
| **Medical** | **Learning** |
| **Physical – Gross Motor** | **Physical – Fine Motor** |
| **Recording**  | **Other** |

|  |  |
| --- | --- |
| **School based concerns** | **Parental concerns** |

|  |
| --- |
| **Please list all interventions to date and their outcomes** |

|  |
| --- |
| **Any other comments** |

**Equality Information -** Please tick

**Age Group**

|  |  |  |  |
| --- | --- | --- | --- |
| 1-5 yrs | 6-11 yrs | 12-16 yrs | 16 + yrs |

**Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian-****Bangladeshi** | Black-African | Chinese | Mixed:Other | Any other ethnic group;Middle Eastern, North African, South American, Japanese, Arab |
| **Asian-****Indian** | Black-British | GypsyRomanyIrish traveller | White: British |  |
| **Asian-****Pakistani** | Black-Caribbean | Mixed:Asian & White | White: Irish |  |
| **Asian-** **Other** | Black-Other | Mixed:Black Caribbean &White | White: OtherE.g. French, Polish,Turkish, Bosnian, Australian, South African |  |

**Religion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist | Hindu | Muslim | No religious belief | Other e.g.AgnosticBah’aiHumanistJain |
| Christian | Jewish | Sikh | Prefer not to say |  |

**Please return completed referral form and parental permission form to;**

**Admin, S.E.R.C., Newbridge School (Barley Lane Campus), 258 Barley Lane, Goodmayes, Ilford, Essex,**

**IG3 8XS or email to:** **admin.serc@astrum-mat.org**

**Parental Permission**

**Please tick to confirm you have read and given permission for the following involvement.**

School has referred your son/daughter for an Initial Assessment by a member of Newbridge Outreach Service and the following involvement with your child may follow.

Following an initial referral

* Newbridge will send a confirmation email and your son/daughter will be placed on a waiting list
* Prior to the visit, a member of Newbridge Staff will make contact with School to arrange a convenient time and date to visit.
* A Specialist Teacher will visit your son/daughter at School and they may observe them in Class, work with them 1:1 away from Class and discuss your child with key members of staff.
* You will receive a copy of the report through email (directly if you have provided us with email address) or through your School SENCO.
* A copy of the report will be shared with SENCO, Class Teacher, LSA and other services involved with your child.
* By the nature of our work we sometimes take photos to add into a report to illustrate a motor movement/physical condition. Once the photos have been added into the report, all photos taken are destroyed and the only photos are those found in the report. Reports are stored on a secure drive which is password protected and GDPR compliant.
* No photos will be used in any other format unless explicit permission has been given.
* All equipment carried by Newbridge Staff e.g. iPads/laptops are password protected.
* As you can see we collect Data in line with Redbridge LEA requirements, this data will be stored safely on a Network that is GDPR compliant.
* Sometimes following an Assessment we may feel your child may benefit from a block of support from our Team. If this is the case, you will contacted and made aware of addition support your child will be receiving from our Team

Please read carefully the points below, please tick the ones you give permission for and by signing this documents you are providing us with explicit permission.

|  |  |
| --- | --- |
| I agree with a referral requesting an Assessment from Newbridge Outreach |  |
| I would like a copy of the report to be shared with me via my email address or I would prefer to receive a paper copy through my School SENCO. |  |
| My child’s report will be stored on a secure system that is GDPR compliant. |  |
| I give permission for my child’s report to be shared with;* SENCO
* Class teacher
* LSA, if directly involved with child
* Other professionals directly involved with child e.g. SALT, EP, Physio etc.
* Cl
 |  |
| I give permission for the Specialist Teacher to work with my child in Class or outside Class if the assessment requires it. |  |
| I give permission for the Specialist Teacher to take photos of my child during the assessment, and these photos are to be added to the report. Any unused photos will be destroyed at the time of report writing. |  |

**Signed: Full name (printed):**

**Date:**

