**YEAR 6 EHC TRANSITION SUPPORT**

Logo, company name

Description generated with very high confidence

**REFERRAL FORM** from **S.E.a.T.S.S**

Please return the signed form to ([Debbie.melchor@redbridge.gov.uk](mailto:Debbie.melchor@redbridge.gov.uk) ) by Friday 29th January2021

** This referral may be RETURNED if all sections are NOT completed.**

** Evidence of Parent/ Carer PERMISSION must be provided with this referral.**

** At least ONE parental/guardian CONTACT NUMBER should be supplied before we can accept the referral**

** Please INCLUDE any transition material/programme from your school**

|  |  |  |
| --- | --- | --- |
| **Section 1** | | **Person making the referral / request** |
| Name: Click here to enter text. | | School/ Setting: Click here to enter text. |
| Job Title: | | Department: Click here to enter text. |
| Email: | | Address:Click here to enter text. |
| **Section 2** | | **Child / Young Person’s Details** |
| Student’s Surname: Click here to enter text. | | Student’s First Name**:** |
| Male/ Female: Click here to enter text. | | Date of Birth:Click here to enter text. |
| Address: Click here to enter text. | | Postcode: Click here to enter text. |
| Home telephone: Click here to enter text. | | Parent’s/Carer’s mobile: Click here to enter text. |
| Parent/Carer Email Address | | School: Click here to enter text. |
| Subject to Child Protection/ Child in Need Plan:  LAC Status:  Known to Children and Disabilities Team: | | Language: Click here to enter text.  Interpreter required: Click here to enter text. |
| EHCP:  School SEND Support:  Moved into Redbridge: Click here to enter a date.  Previous LEA: Click here to enter text. | | Key Medical needs: Click here to enter text.  School Health Care Plan: Choose an item. |
| Any other information: Click here to enter text. | | |
| **Section 3** | | **Parent / Carer’s details** |
| Who has parental responsibility?  Click here to enter text. | | Relationship: Click here to enter text. |
| Parent /Carer name: Click here to enter text. | | Interpreter required: Choose an item. |
| **Section 4** | | **Additional Information** |
| **Key Area of Need**  Please identify the key area of need  **Physical Disability/ Physical Access to Learning** | | **Additional Needs (please select)**  Autistic Spectrum  Social Communication  Receptive Language  Expressive Language  Attention and Listening  Global Learning Difficulties  Cognition and Learning  SPLD ie Memory, organisation  Hearing  Vision  Physical Disability / Physical Access to learning  Motor  Medical Needs  Auditory Processing Disorder  Multi- Sensory  SEMH  Complex Needs |
| **Any other information**  **Please include information on support given in learning setting and concerns for transition to year7.**  **Information from support staff and class teacher would be valuable.**  Click here to enter text. | | |
| **Section 5** | **Parental Concerns and Relevant Family History** | |
| **Parental concerns/ views on the referral**  Click here to enter text.  **Additional information the Family would like to be shared**  Click here to enter text. | | |
| **Section 6** | **SEaTSS Parental Permission Form** | |

**Please read below our terms and conditions.**

**S.E.a.T.S.S work with a student**

During our work with a child/ young person, we may complete a variety of different activities including virtual sessions during the COVID-19 period.

**Please tick and sign to confirm you have read, understood and agree to the following involvement.**

A member/s of SEaTSS staff may complete some or all of these:

|  |  |
| --- | --- |
| Visit the School / Setting |  |
| Observe / work directly with your child. |  |
| I agree to share medical information (If required) to ascertain a full picture. |  |
| The personal information we gather is only used by us to help your Child transfer to year 7.  It will only be shared with you, the school and directly with relevant professionals.  The information is stored on a secure internal database.  By Default, we retain it until your child is 25yrs old.  You may request a copy of all information we retain at any time and ask for it to be deleted or amended. |  |
| Work with your child in class, outside class or on Microsoft Teams as necessary.  Work with your child 1:1 and/or in a group setting on a regular basis. |  |
| During COVID-19 times, we may offer a virtual session online.  I agree to give permission for my child to work virtually with SEaTSS staff and for the sessions to be recorded to safeguard my child and SEaTSS staff.  We ask either school staff or a Parent/Carer at home to be present during these sessions |  |
| Take photos / videos of your child during the programme and photos maybe added to the final report and shared with the Secondary School.  Any unused photos will be destroyed at the time of report writing. |  |
| I understand as my Child moves through Education, their needs or the focus of support may change, and they may receive support from additional teams. |  |

***I have read all the terms and conditions for the support from SEaTSS.***

***I am happy and I agree to the following terms and conditions.***

Signed:

Full name: Click here to enter text. Date: