

**Referral to Hitchin Primary Outreach Support Service**

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

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| **School Details:** | |
| **Name of School:** |  |
| **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)** | | |
| **Not on SEN register** |  | **If on SEND register, what are the main presenting needs?** |
| **SEND support** |  |
| **Evidence being gathered for EHC plan** |  |
| **EHC plan assessment pending** |  |
| **EHC plan pending** |  |
| **EHC plan in place** |  |
| **Additional Information including diagnosis** | | |

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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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| **Key Stage 1 & 2 Present Attainment:** | | | |
|  | **Working Below ARE** | **Working At ARE** | **Exceeding ARE** |
| **Reading** |  |  |  |
| **Writing** |  |  |  |
| **Maths** |  |  |  |

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

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| **Suspensions:** | | |
| **Start Date** | **No. of Days** | **Reason** |
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| **Nature of concern (please tick all that apply)** | | | | | | | |
| Risk of school failure through disaffection/non-attendance | | | |  |  | | |
| Rapidly deteriorating behaviour | | | |  |
| 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 | | | |
| Risk of suspension | | | | Low 1 2 3 4 5 6 7 8 9 10 High | | | |
| Risk of permanent exclusion | | | | 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)** | | | | | | | |
| Classroom |  | |  | | | | |
| Corridor |  | |
| Dining room |  | |
| Playground |  | |
| At home |  | |
| Other (please specify) |  | |
| **What support/strategies are presently in place?** | | | | | | | |
|  | | | | | | | |
| **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** |
| Rewards & Consequences programme | | | | | |  |  |
| Behaviour expectations outlined | | | | | |  |  |
| TA floating classroom support | | | | | |  |  |
| Draw and Talk interventions | | | | | |  |  |
| 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 Nurse | | | | | |  |  |
| 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 class/playground | | | | | |  |  |
| School Family Support Worker | | | | | |  |  |
| Young Carers Referral | | | | | |  |  |
| CAMHs Step 2 | | | | | |  |  |
| ISL Educational Psychologist surgery time | | | | | |  |  |
| SENDIASS | | | | | |  |  |
| ISL SEND advice | | | | | |  |  |
| Individual Behaviour Support Plan | | | | | |  |  |
| Risk Management Plan | | | | | |  |  |
| Risk Assessment | | | | | |  |  |
| NESSie | | | | | |  |  |
| Pastoral Support Programme | | | | | |  |  |

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| **Desired outcome of this referral** |
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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

There is an expectation that information on this referral has been shared with parents and they sign and date to show consent for our involvement.

Please return this referral by email (password protected) to:- Sarah Lindus Lead Teacher Hitchin Primary Outreach Support Service  
[slindushposs@oughton.herts.sch.uk](mailto:slindushposs@oughton.herts.sch.uk)