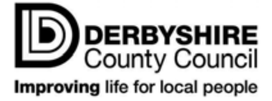

REFERRAL FORM

Please return to:

Support Service for Physical Impairment
County Support Services Centre
Brookside Road
Breadsall
Derby DE21 5LF

Telephone: 01332 834782
Fax: 01332 833925

Child's Name.....................................

School..

D.O.B...

School Address...

Home Address.................................

School Tel. No...

....

Headteacher...

Home Tel. No..............................

SENCO...

Classteacher..

N.C. Year ………………………………

CoP Stage …………………………………

National Curriculum Levels: English: Science: Maths:

What is the nature of the child's physical impairment or medical condition (e.g. Cerebral Palsy, Muscular Dystrophy)

……………………………………………………………………………………………

Please list other educational and/or medical professionals involved
eg: Occupational Therapist, Support Service for Pupils with Special Educational Needs.

....

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Educational Psychologist ………………………………………………………………..

Has this referral been discussed with the Educational Psychologist? Yes / No

How does the child's impairment affect his/her access to the curriculum or environment?

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How does the school currently support the inclusion of this child (e.g. with reference to the

LEA descriptors of Special Educational Provision) ?

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How do you feel this Service can support the school in the inclusion of this child?

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To support your referral, please enclose the following:
- Copy of last two I.E.Ps
- Copy of Statement (if appropriate)
- Copy of the last Annual Review (if appropriate)

Please give any other relevant information

……………………………………………………………………………………………………..

………………………………………………………………………………………………………

Signed... Designation..

Print Name……………………………….. Date...

Parent / carer's permission for referral

I give permission for this referral to be made and for information to be shared between professionals working with my child.

Signed……………………………………………………… Date……………………….

Print name…………………………………………………….....

For Office use:

Date referral received:	Ref:
Specialist Teacher:	Date of contact with school:
Date of next Referral Meeting:	Date of contact with parents:
Action:	