## Specialist Resource Base programme -

#### **On-line Referral Checklist**

Please note your application will expire after 40 minutes of inactivity

**Warning:** Please do not use your internet browser's 'Back' button as this may cause your transaction to fail and you may have to start again. Please use the buttons provided on the form. Please be aware that this form will time out after 40 minutes of inactivity.

**Your Progress:** 1. Request for Support | 2. Learner's Personal Details | 3. Baseline Information | 4. Signatures | 5. Summary | 6. Confirmation |

All requests for support must be discussed with the SRB before submitting this form. This is to ensure that all requests for support are appropriate.

RE	QUEST FOR SUPPORT
This	request is for: * ASD Placement (long term)
Shor	rt term support and or intervention from:
0	LCN Bases SLCN Bases KS1 Behaviour Bases KS3/4 Behaviour Bases
Outr	reach support from:
0	The Dyslexia Outreach Service SLCN Outreach LCN Outreach BESD KS1/2 BESD KS3/4
	ur Progress: Request for Support

- 2. Learner's Personal Details |
- 3. Baseline Information
- 4. Signatures |
- 5. Summary
- 6. Confirmation

# LEARNER'S PERSONAL DETAILS Name of preferred SRB: \* Name - Please Select -Forename \* Other name Surname \* Also known as: Date of birth \* (dd/mm/yyyy) Unique Pupil Number: \* - Please Select -If 'Other', please specify: School Cluster: Year group currently taught in: \* Correct for chronological age? \* Yes Expected date of leaving current school (dd/mm/yyyy) Parent carer Parent carer name: Lookup Postcode \* e.g. NR1 1DJ Address Line 1 \*4 e.g. 12 The Street Address Line 2 1 Address Line 3 🗘 Address Line 4 4 Town/City \* 4 e.g. Norwich County 🗘 Telephone number \* e.g. 01603 123456, 07712345678 Email address \* 4 Are you requesting transport for this child? \* Transport will be provided in line with Norfolk County Council's transport policy.

## C Yes No

Has the learner had involvement from an SRB previously? \* Yes No

#### If Yes:

- Please detail the name of the SRB
- The period of support
- The outcome of the placement/support
- (Word count 500 max)

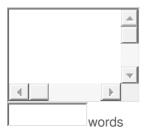
-	F7	ner have a lo	a Statement	of SEN (	or Educa	ational, F	lealth a	and Ca	re Plan	(EHCP)	?
If Y	<ul><li>State</li><li>Date of</li><li>Upload</li></ul>	of current	al diagnosis final statem final Staten 500 max)	nent or El							
The	files must	be smalle	olementary er than 4 M ary Evidenc	B in size							or Primary
Specialism		Learning Plan	Attendance record	SaLT	PSP	Timetable	FSP	ЬЕР	Careplan	Statement/EHC P	AR
LC		Х	х								
SL		X	X	Х							
AS	SD KS1	x	X		x						
BESD KS3/4		x	×		x						
	her										
SE	N/EHCP									х	х
LAC								Х	х		
Primary SEN * ASD (Autistic Spectrum Disorder)  BESD/SEMHD (Behaviour, Emotional and Social Difficulties)  HI (Hearing Impairment)  MLD (Moderate Learning Difficulties)  MSI (Multi-Sensory Impairment)  PD (Physical Disabilities)  PMLD (Profound and Multiple Learning Difficulties)  SLCN (Speech, Language & Communication Difficulties)  SpLD (Specific Learning Difficulties)  SLD (Severe Learning Difficulties)  VI (Visual Impairment)											
		_									
Sec	BESD/SEMHD (Behaviour, Emotional and Social Difficulties)  HI (Hearing Impairment)  MLD (Moderate Learning Difficulties)  MSI (Multi-Sensory Impairment)										

PD (Physical Disabilities)

	PMLD (Profound and Multiple Learning Difficulties)
	SLCN (Speech, Language & Communication Difficulties)
	SpLD (Specific Learning Difficulties)
	SLD (Severe Learning Difficulties)
	VI (Visual Impairment)
Е	BASELINE INFORMATION
_	Ipload evidence *
	Please attach evidence of the learner's current attainment and progress e.g. Early Years Foundation Stage, P levels, Sub Levels/Levels or equivalent.
F	ilename: Upload File
Т	The files must be smaller than 4MB in size each. A maximum of 5 files can be uploaded.
Т	ick the support already in place and the impact: *
S	Select the support, interventions deployed by the school so far and the outcome/impact.
S S S S S S S	short Stay School short Stay School short Stay School details  SPSS/Educational Psychology specification and professional sp
C	Please state any other support not listed above: Cognitive Functions: * Describe the learner's approach to learning, with strengths and weaknesses.

words

Summary of the reasons for the request for support: \* Please provide full details of all reasons for the request.

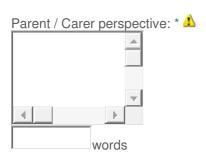


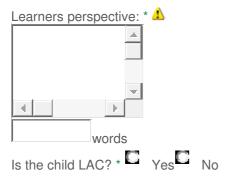
What are the desired outcomes at the end of the SRB placement Please indicate the impact that is hoped for.

Consider the impact / improvement— at school, at home and socially.

School or setting perspective: \* 🗘







#### If Yes:

Please provide the following Social Worker details:

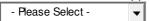
- Title
- Forename
- Other Name
- Surname
- Telephone number

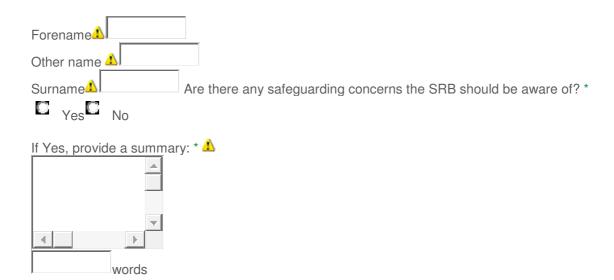
Child Protection Plan (S47)? \* Yes No

## If Yes:

Please provide the Social Worker details as listed above

If the child receives support as a child in need – enter name of social worker Title 🗘





## **UPLOAD FILES**

Please upload the evidence listed below.

Learning Plan \* Filename: Upload File

The files must be smaller than 4MB in size each. A maximum of 2 files can be uploaded.

Attendance record \* Filename:

The files must be smaller than 4MB in size each. A maximum of 2 files can be uploaded.

Please submit any other additional supplementary evidence that is relevant to this referral Filename:

The files must be smaller than 4MB in size each. A maximum of 5 files can be upload

Upload File

#### **SIGNATURES**

## Important:

- The home school, parent and carer and SRB agree to the referral.
- Hard copies of the signatures must be retained by the home school. It is not necessary to send these
  electronically but the boxes below must be ticked to confirm they exist.
- We need to collect information on this form to consider admission to an SRB. This information will be shared with the Home School, SRB School and professionals involved in supporting the learner.
- We will treat the information as confidential and will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to harm if we do not share it. In any case we will only ever share the minimum information we need to share.

<b>Confirmation of signature</b>	Name	Position	Date	
Consent:	Name:	Learner	Date:	
Consent:	Name:	Parent / Carer	Date:	

Consent:	Name:	Head of current School	Date:

Tick this box to confirm the referral has been seen by and agreed by the cluster chair or nominated representative