

Specialist Resource Base programme –

On-line Referral Checklist

This is intended to aid completion of the On-line Referral Form. Please print and read this form before completing the on-line form to ensure you have all the required information to hand. ⚠ - This indicates mandatory fields

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.

REQUEST FOR SUPPORT

This request is for: * ☒ ASD Placement (long term)

Short term support and or intervention from:

- ☒ LCN Bases
- ☒ SLCN Bases
- ☒ KS1 Behaviour Bases
- ☒ KS3/4 Behaviour Bases

Outreach support from:

- ☒ The Dyslexia Outreach Service
- ☒ SLCN Outreach
- ☒ LCN Outreach
- ☒ BESD KS1/2
- ☒ BESD KS3/4

Your Progress:

- 1. Request for Support |
- 2. Learner's Personal Details |
- 3. Baseline Information |
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LEARNER'S PERSONAL DETAILS

Name of preferred SRB: *

Name

Title *



- Please Select -



Forename *



Other name *



Surname *



Also known as:

Date of birth * (dd/mm/yyyy)

Unique Pupil Number: *

School: *

- Please Select -



If 'Other', please specify:

School Cluster:

Year group currently taught in: *

Correct for chronological age? *

☐

Yes

☐

No

Expected date of leaving current school

(dd/mm/yyyy)

Parent carer Parent carer name: *

Postcode *



Lookup

e.g. NR1 1DJ

Address Line 1 *



e.g. 12 The Street

Address Line 2 *



Address Line 3 *



Address Line 4 *



Town/City *



e.g. Norwich

County *



Telephone number *



e.g. 01603 123456, 07712345678

Email address *



Are you requesting transport for this child? *

Transport will be provided in line with Norfolk County Council's transport policy.

☐

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)

Does the learner have a Statement of SEN or Educational, Health and Care Plan (EHCP)?

☒ Yes ☐ No

If Yes:

- State any formal diagnosis in place
- Date of current final statement or EHCP
- Upload current final Statement or EHCP
- (Word count – 500 max)

Please provide the supplementary evidence for each specialism as indicated below:

The files must be smaller than 4 MB in size each. A maximum of 1 file can be uploaded for Primary SEN Need Supplementary Evidence.

| Specialism | Learning Plan | Attendance record | SalT | PSP | Timetable | FSP | PEP | Careplan | Statement/EHCP | AR |
|------------|---------------|-------------------|------|-----|-----------|-----|-----|----------|----------------|----|
| LCN | x | x | | | | | | | | |
| SLCN | x | x | x | | | | | | | |
| ASD | x | x | | | | | | | | |
| BESD KS1 | x | x | | x | | | | | | |
| BESD KS3/4 | x | x | | x | | | | | | |
| Other | | | | | | | | | | |
| SEN/EHCP | | | | | | | | | x | x |
| LAC | | | | | | | x | x | | |

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)

Secondary 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)

BASELINE INFORMATION

Upload 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.

Filename:

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

Tick the support already in place and the impact: *

Select the support, interventions deployed by the school so far and the outcome/impact.

S2S ☐

S2S details

Short Stay School ☐

Short Stay School details

EPSS/Educational Psychology ☐

EPSS/Educational Psychology details

Other external professional ☐

Other external professional details

SENCO ☐

SENCO details

School based strategies ☐

School based strategies details

Additional Cluster support ☐

Additional Cluster support details

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.

words

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: * ⚠️



words

Parent / Carer perspective: * 

words

Learners perspective: * 

Learn more perspective:



words

Is the child LAC? * ☒ Yes ☐ No

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

- Please Select -

[illegible]

UPLOAD FILES

Please upload the evidence listed below.

Learning Plan * Filename:

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


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.

| Confirmation of signature | Name | Position | Date |
|-----------------------------------|----------------------------|----------------|----------------------------|
| Consent: <input type="checkbox"/> | Name: <input type="text"/> | Learner | Date: <input type="text"/> |
| Consent: <input type="checkbox"/> | Name: <input type="text"/> | Parent / Carer | Date: <input type="text"/> |

| | | | |
|-----------------------------------|----------------------------|------------------------|----------------------------|
| Consent: <input type="checkbox"/> | Name: <input type="text"/> | Head of current School | Date: <input type="text"/> |
|-----------------------------------|----------------------------|------------------------|----------------------------|

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