|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***InSpIre INITIAL REFERRAL – all sections must be completed in full*** | | | | | | | | | | |
| ***DETAILS OF PERSON COMPLETING REFERRAL*** | | | | | | | | | | |
| **Name of person completing referral:** | | | |  | | | **Job Title:** | | |  |
| **Contact details:**  ***email:*** | | | |  | | | **Contact details:**  ***Phone number:*** | | |  |
| **Name of setting/school** | | | |  | | | **Setting/school Borough** | | |  |
| **DATE OF REFERRAL COMPLETION** | | | |  | | | | | | |
| ***DETAILS OF Child/Young Person TO BE REFERRED*** | | | | | | | | | | |
| **Full Name of CYP** | | | |  | | | **Date of Birth** | | |  |
| **CYP Home**  **Address:** | | | |  | | | **Home Borough** | | |  |
| **Please highlight as applicable:** | | | | | | | | | | |
| **\*\*Current PHASE**  **EYFS**  **KS1**  **KS2**  **KS3**  **KS4**  **Post 16** | **Year group:**  **Nur1**  **Nur2**  **YrR**  **Yr1**  **Yr2**  **Yr3**  **Yr4**  **Yr5**  **Yr6**  **Yr7**  **Yr8**  **Yr9**  **Yr10**  **Yr11**  **Post 16** | **Current SEN**  **Status:**  **EHCP**  **EHCNA**  **SEN Support**  ***Inclusion Funding:* ContingencySENIF** | | **Current attainment *– e.g. age related?***  **Please provide details of any areas of specific**  **difficulty with learning** | | |  | | | |
| **Attendance: previous year:**  *or*  **current year to date:** | | | | | | **%** |
| **%** |
| ***DETAILS of Parent/Caregiver of Child/Young Person*** | | | | | | | | | | |
| **Name of Parent/ Caregiver** |  | | | | | | **Relationship to Child/Young Person** | | |  |
| **Contact details**  ***email:*** |  | | | | | | **Contact details**  ***Phone number*:** | | |  |
| **Referral cannot be actioned unless agreed:**  **INSPIRE Privacy Statement (at end of Form) has been read and agreement given for referral to INSPIRE given by Parent/Caregiver.**  *(Setting/School to retain permission evidence)* | | | | | | | | | | **\*\*YES/NO** |
| **Date: ………………** |
| ***MEDICAL/HEALTH INFORMATION*** | | | | | | | | | | |
| **Details/dates of any diagnosis;**  **name of hospital/Health professional if known** | | |  | | | | | | | |
| ***REFERRAL NEEDS DETAILS*** | | | | | | | | | | |
| **Key Area(s) of Need – *please highlight***  ***SEND Code of Practice 2015*** | | | | **Cognition & Learning** | **Communication & Interaction** | | | **Sensory and/or Physical** | | **Social, Emotional and Mental Health** |
| ***Brief description of need & how this impacts on learning*** | | | | | | | | | | |
|  | | | | | | | | | | |
| ***\*\*\*\*\* Evidence of Graduated Approach used with CYP:*** | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | ***APDR*** | ***Details*** | ***Date(s)*** | | ***Assess*** |  |  | | ***Plan*** |  |  | | ***Do*** |  |  | | ***Review*** |  |  | | | | | | | | | | | |
| ***INSPIRE TEAMS*** | | | | | | | | | | |
| **Please detail any previous INSPIRE engagement relevant to current CYP referral**  *eg ASK US!; INSET/Training; previous referral;* | | | | | | | | | | |
| ***AGENCIES/PROFESSIONALS/SERVICES involvement Please highlight as relevant*** | | | | | | | | | | |
| **OT** | **Family Support** | | | **Queensmill Outreach** | | **Social Care** | | | **CAMHS** | |
| **Current** | **Current** | | | **Current** | | **Current** | | | **Current** | |
| **Previously** (date) | **Previously** (date) | | | **Previously** (date) | | **Previously** (date) | | | **Previously** (date) | |
| **Speech & Language Therapy** | **Integrated Key Worker** | | | **Physio** | | **OAT Academy Outreach** | | | **School Counsellor** | |
| **Current** | **Current** | | | **Current** | | **Current** | | | **Current** | |
| **Previously** (date) | **Previously** (date) | | | **Previously** (date) | | **Previously** (date) | | | **Previously** (date) | |
| **SENDIASS** | **ELSA** | | | **Miles Coverdale Outreach** | | **Applied Behavioural**  **Analysis (ABA)** | | | **Short Breaks** | |
| **Current** | **Current** | | | **Current** | | **Current** | | | **Current** | |
| **Previously** (date) | **Previously** (date) | | | **Previously** (date) | | **Previously** (date) | | | **Previously** (date) | |
| **EP** | **Portage** | | | **Cheyne Child Development Service** | | **ACE** | | | **LAC support – virtual school** | |
| **Current** | **Current** | | | **Current** | | **Current** | | | **Current** | |
| **Previously** (date) | **Previously** (date) | | | **Previously** (date) | | **Previously** (date) | | | **Previously** (date) | |
| **Music Therapy** | **Drama Therapy** | | | **Play Therapy** | | **Art Therapy** | | | **OTHER – please specify** | |
| **Current** | **Current** | | | **Current** | | **Current** | | | **Current** | |
| **Previously** (date) | **Previously** (date) | | | **Previously** (date) | | **Previously** (date) | | | **Previously** (date) | |
| ***RESOURCES IN PLACE/USED with CYP*** | | | | | | | | | | |
| *\*\*Please list any equipment/resources/interventions/packages currently used to support learning & inclusion as relevant to needs of CYP named above* | | | | | | | | | | |
| ***RELEVANT TRAINING COMPLETED BY STAFF/SETTING/SCHOOL*** | | | | | | | | | | |
| *\*\*Please detail any training courses/INSET/Advice sessions attended by staff* ***within past 12 months*** *to support learning & inclusion as relevant to needs of CYP named above* | | | | | | | | | | |
| ***OUTCOMES for CYP*** | | | | | | | | | | |
| ***Please give details of how a referral for intervention from InSpIre will benefit or make a difference as an outcome for the CYP?***  ***Please give an example of a success criteria you would hope to be achieved.*** | | | | | | | | | | |
| ***Please attach any other relevant information*** *eg One Page Pupil Profile; Sensory Profile; Assessment outcomes; EHCNA/EHCP;*  ***\*\*\*\*INSPIRE may request further evidence in order to inform any Intervention considerations*** | | | | | | | | | | |
| Please return completed referral form to [**inspire@lbhf.gov.uk**](mailto:inspire@lbhf.gov.uk)  ***\*\*\* only Referrals received in the INSPIRE inbox can be considered…referrals to individual staff will be returned*** | | | | | | | | | | |



**Privacy Notice (How we use CYP information)**

The Inclusion and Specialist Intervention Outreach Service (InSpIre) holds the legal right to collect and use personal data relating to Children, Young People and their families, and we may also receive information regarding them from their previous setting/school, LA and/or the DfE.

We collect and use personal data in order to meet legal requirements and legitimate interests set out in the GDPR and UK law.

**The categories of CYP information that we collect, hold and share include:**

* Personal information (such as name, unique pupil number and address)
* Characteristics (such as ethnicity, language, nationality, country of birth, LAC, CiN and free school meal eligibility)
* Attendance information (such as sessions attended, number of absences and absence reasons)
* SEND information
* Relevant medical information
* National Curriculum Assessments/results
* Individual Assessment Data
* Exclusion / Behaviour Information
* Destination post 16 and post 19

**Why we collect and use this information**

We collect and hold personal information relating to Children and Young People on the caseloads of our Specialist Teachers and may also receive information about them from their previous setting/school, local authority and/or the Department for Education (DfE) as well as Health Providers.

We use the CYP data:

* to support learning and access
* to monitor and report on progress
* to provide appropriate specialist support and interventions for CYP
* to provide appropriate specialist support for families
* to assess the quality of our services
* to comply with the law regarding data sharing
* to safeguard children and young people

**The lawful basis on which we use this information**

In accordance with General Data Protection Regulation (GDPR). 25th May 2018