



Resource and Support Panel Referral 2023-2024

(Please indicate preference)

Please send completed form to RSP@redcar-cleveland.gov.uk

Pupil Inclusion Panel Referral for Haven 2023-2024

(Please indicate preference)

Please send completed form to Pupilplacementpanel@redcar-cleveland.gov.uk

Referral Information

Date of Referral		Previous Referral Dates		
Referrer Name		Referrer Role		
Referrer Email		Referrer Contact Number:		

Personal Information

Pupil's name		Date of Birth		NCY		School						
Broad area of need – please indicate what range i.e., 4i		Communication and Interaction		Cognition and Learning		Social, Emotional and Mental Health Difficulties		Sensory and/or Physical Needs				
Primary Need	SPLD	MLD	SLD	PMLD	SEMH	SLCN	HI	VI	MSI	PD	ASD	OTH
QFT	SEN Register		Statutory Assessment									
Religion	Learner's first language											
Home Address:												
Current Early Help	Yes	No	Current Child in Need		Yes	No						
Current Social Care	Yes	No	Current Child Protection Plan		Yes	No						
Child in our Care	Yes	No	Disability Social Worker		Yes	No						
Siblings (initials only): learner's position in family												
Early Help/Social Worker Name												
Parent/Carer Name	Relationship to child											
Contact Numbers	Email:											

Please indicate which service you require:

If a returning referral, please indicate further support being requested in appropriate box

New Referral

Returning Referral

High Needs Funding Range		
Educational Psychologist – Adults First		
Key Stage Transition Support		
Specialist Teacher – ASD		
Specialist Teacher – Learning Support		
Specialist Teacher – SEMH		
Additional Provision – HAVEN at Errington		
Additional Provision – STRIVE (12-week placement)		
Home and Hospital Support		

Please indicate paperwork included with referral: failure to provide relevant documents may result in referral being returned.

SEN Support Plan* (must be included for high needs funding requests)	
SEND Support Plan Plus (must be included if EP-Parent/Carer/Multi-agency collaboration requested)	
Costed Provision Map* (must be included for high needs funding requests)	
SEND Range documentation to show range of need* (must be included for high needs funding requests)	
Personal Education Plan (PEP) if Child in our Care	

Professional reports	
For STRIVE— <i>medical evidence confirming anxiety and/or phobia</i>	
For Home and Hospital – <i>medical evidence from medical professional/consultant confirming pupil is unfit to attend school</i>	
Parent and Learner's Views	
Proof of Parent/Carer Consent via Signature/Email	

Overview of Learner

Learner Portrait (please limit to 500 words or less) Brief history of the Learner and what has happened to cause concern. Please detail quality of their relationships both in and outside school where possible.			
	Updated information for returning referrals: <i>please use the box below for returning referrals to update information as appropriate.</i>		
What interventions and strategies have been implemented and what was the outcome? (Insert lines as needed)	Intervention	Frequency	Outcome for Learner
What is working well? Existing strengths, what is going well for the Learner within school?			
How would this referral support the Learner?			

Medical and/or Health Factors

	Yes		Details:
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Does the Learner have a diagnosed disability? If yes, please give details:	No			
Have the Early Years Practitioner's Team worked with the Learner? If yes, please give details:	Yes		Details:	
	No			
Do you have concerns that the Learner may have social communication needs? If yes, please give details:	Yes		Details:	
	No			
Is the Learner on the Neuro pathway?	Yes		Details:	
	No			
Does the Learner have a diagnosis of any of the following?	PDD-NOS	Yes		Date diagnosed:
		No		
	Autism	Yes		Date diagnosed:
		No		
	Asperger's Syndrome	Yes		Date diagnosed:
		No		
Do you have concerns about the Learner's vision? If yes, give details if they wear glasses and/or your concerns.	Yes		Details (please include information of any recent eye test):	
	No			
Do you have concerns about the Learner's hearing? If yes, give details if they have had a recent hearing test and/or our concerns.	Yes		Details (please include information of any recent hearing test):	
	No			
Are there any other medical conditions?	Yes		Details:	
	No			
Please indicate where there are concerns with any of the following:				
Reading Accuracy		Reading Comprehension		
Spelling		Short Term/Long Term Memory		
Understanding of Verbal Language		Understanding of Non-Verbal Language		
Handwriting		Processing Speed		
Attention		Numeracy		
Any other (please specify)				
Current Academic Ability and Academic Levels including current and target achievement				

Primary				
Early Learning Goals	Achieved			
	Not achieved			
Year 1 Phonics	Passed			
	Failed			
Current Attainment	Subject	Higher	Expected	Below
	Mathematics			
	Reading			
	Writing			
	Spelling, Punctuation and Grammar			
Secondary				
Results of Key Stage 2 SATS	Subject			
	Mathematics			
	Reading			
	Writing			
	Spelling, Punctuation and Grammar			
Current Attainment	Subject	Higher	Expected	Below
	Mathematics			
	English			
	Science			
End of KS4	Subject	Target	Achieving	
	Mathematics			
	English Language			
	English Literature			
	Science			

Learner's Attendance and Exclusion details			
Attendance in Current Academic Year (%)		Attendance in Last Academic Year (%)	
Suspensions	Total number of suspensions in current school year		
	Total number of days of suspensions in last 2 years		
Permanent Exclusion	Date: Details:		

Has the Learner had any of the following?				
A respite place in another school	School			
	Date			
A managed move to another school	School			
	Date			
Involvement from the Inclusion Service	Start date		End date	

Learner's Care Arrangements			
Is the Learner a Young Carer? <i>If yes, please give details i.e are they supported by Young Carer team.:</i>	Yes		Details:
	No		
Is the Learner a Child in our Care?	Yes		Details:
	No		
Does the Learner have a Care Order? <i>If yes, please give details:</i>	Yes		Details:
	No		
Has the Learner ever been a Child in our Care/Looked after Child? <i>If yes, please give details:</i>	Yes		Details:
	No		
Does the Learner have a Special Guardianship Order? <i>If yes, please give details:</i>	Yes		Details:
	No		

Other Services/Agencies					
Service/Agency	Indicate if involved within last 2 years	Indicate if report attached	Service/Agency	Indicate if involved within last 2 years	Indicate if report attached
Educational Psychologist (incl. private assessment)			CAMHS- Getting Help/Getting More Help		
Educational Psychologist – family centred approach			CAMHS -Neuro pathway		
STS- ASD			Mental Health Team in School		
STS-Cognition and Learning			Health Visitor/School Nurse		
STS- SEMH			Occupational Therapy		
Inclusion Team			Health Practitioner		
Police			STARS – sensory teaching advisory service		
EWS			Diabetic Nurse		
PREVENT			Early Years SEND Practitioner		
Vulnerable, Exploited, Missing Trafficked (VEMT)			Resettlement Team		
Anti-Social Behaviour Team					

Youth Justice Service					
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Parent/Carer and Learner's Views and Wishes
Parents/Carer's Views and Wishes:
Learner's Views and Wishes:
Family and Social/Environmental Factors:

Consent statement for information storage and information sharing

Please explain the aim of the referral to RSP to parents/carers before asking them to sign below and what the outcomes from panel may mean for their child. *(Please be aware that without consent signatures the referral will be returned).*

I / We understand this information is confidential and will be circulated only to panel members and discussed at the Resource and Support Panel.

I/We understand that the referral and information will be stored by the local authority for the necessary retention period only.

I / We agree to the information in this referral being shared with relevant agencies.

I/We understand that my child may be considered for statutory assessment if recommended by panel.

Name of Practitioner (Home School)		Signature:		Date:	
Name of Parent/Guardian		Signature:		Date:	
Name of Young Person:		Signature;		Date:	

*Please note not filling out the required sections or not attaching the required documentation without robust reason will mean the referral **will not** be accepted – please review the check sheet at the front of form. Paperwork will be sent back to the referrer with a request to complete fully and return. This may result in a delay for the subsequent panel meeting.*

This form can be used for both panels and does not need to be completed twice. If both panels are being referred to then please forward a copy of the form to the addresses indicated below.

If completing for Resource and Support Panel:

RSP@redcar-cleveland.gov.uk

Or

If completing for Pupil Inclusion Panel for place at Haven:

Pupilplacementpanel@redcar-cleveland.gov.uk