Be the Best Version of You

SEND Referral Form

SEND referral form		
Pupil name:	**Year:**	
Referral made by:	**Date of referral:**	
Progress towards MEG:	**Recent BfL Grades**	
Attendance:	**% Lates**	
Is this referral endorsed by HOY / Curriculum Leader? Y / N		
Areas of concern *(tick the relevant boxes)*	Other *(please specify)*	
☐ **Cognition & Learning** e.g. when a student learns at a slower pace than their peers, even with appropriate differentiation	☐ **Communication and interaction** e.g. Social difficulties, anxiety, repetitive behaviours, rigidity of thought, literal, sensory difficulties	☐ **Social, Emotional and mental health** e.g. Inattention, hyperactivity, impulsive behaviour, low resilience, behaviour which is challenging, focus / concentration and confidence
☐ **Specific learning difficulties** (e.g. dyslexia, dyscalculia and dyspraxia)	☐ **Speech and language** e.g. Difficulties with receptive or expressive language	☐ **Physical** e.g. gross/fine motor skills, visual or hearing impairment

PRIOR TO REFERRING – tick if you have

- Checked the pupils SEND profile and One Page Profile to make sure all suggested adaptations have been consistently implemented in the classroom. ☐
- Re-visited Need of the Week documents to consider additional support ☐
- Discussed strategies with colleagues, both in and out of your department ☐

WHAT SPECIFIC DIFFICULTIES DOES THE PUPIL HAVE ACCESSING THE CURRICULUM?	
*Score the **impact** on the pupil's **behaviour** and **learning** out of 10, with 10 being the most impact and 1 being the least impact.* **Impact:** _____/10	*Score the **urgency** of the referral out of 10, with 10 being most urgent and 1 being least urgent.* **Urgency:** _____/10
What support have you already been put in place? *Please ensure that if the student has a One Page Profile, strategies within the profile have been tried.*	
What was the impact of the support. *Please give details of strategies you have tried that have seen some positive impact (even if only for a short time)*	
Have you consulted parents, PSM or Head of Year? *If so please give details.*	
Additional Comments / Evidence to help us formulate next steps.	

Please attach a sample of work to this referral and email to send.referrals@weaverhamhighschool.com

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SEND use only
Risk Level H M L
Feedback details \
Next Steps