**Specialist Education Services (SES)**

**Data and Consent Form**

**(Individual Pupil Focus for C&L, SpLD, C&I, SLCN and SEMH Services)**

This form should be used to provide data and consent for the above named SES Service(s) to consider completing work at a named pupil bespoke level, in line with our Partnership Agreement. It should not be used for pupils with an EHCP or where an EHCNA is underway or where a referral for an EHCNA has been submitted. (In these circumstances, an ISM and/or Section F referral should be considered [Suffolk Learning | Specialist Education Services (SES) Suffolk County Council.)](https://suffolklearning.com/inclusion/specialist-education-services/)

**Send as a Word document** to: SESReferrals@suffolk.gov.uk Incomplete referrals or those sent as a PDF will be returned.

In line with GDPR regulations, please send this form via an encrypted email (e.g. OME) stating **OFFICIAL-SENSITIVE** in the subject field. ***Signatures will be taken as full permission to progress; please see additional information regarding parental signatures in section 8.***

Note: Referrals for individual pupils for:

- **HI, VI, MSI and SpLSS** support will still be accepted where service criteria is met and should be made using the Sensory, Physical SES Referral Form here [Suffolk Learning | Specialist Education Services (SES) Suffolk County Council](https://suffolklearning.com/inclusion/specialist-education-services/) and sent to sesreferrals@suffolk.gov.uk. (Please note this is for pupils with clinically diagnosed sensory loss, not for pupils with sensory processing difficulties).

- **Alternative Provision** should be made using the AP Referral Form [AP Referral Form](https://suffolklearning.com/inclusion/specialist-education-services/) and sent to apinbox@suffolk.gov.uk.

**- Specialist Provision (including Key Stage 1 Specialist Units), Permanent Exclusions, IYFAP and the Alternative Tuition Service (ATS)** should be made using the [Inclusion Referral Form](https://suffolklearning.com/inclusion/specialist-education-services/) and sent to the stated inbox.

**Section 1: Agreement and request**

Please note:

* How we will use your data: <http://www.suffolk.gov.uk/CYPprivacynotice>.

Please read the SES Partnership Agreement – it can be found on the SES Local Offer page - [Suffolk Learning | Specialist Education Services (SES) Suffolk County Council](https://suffolklearning.com/inclusion/specialist-education-services/)

|  |  |
| --- | --- |
| I accept the SES Partnership AgreementRequests without agreement will not be progressed |  Yes [ ]  No [ ]  |
| Headteacher’s name |  |
| Headteacher’s signature (electronic signatures will be accepted) |  |
| Date |  |

**Section 2: Pupil details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname (capitals) |  | Forename(s) |  |
| Date of birth |  | Current NCY |  | UPN |  |
| Gender |  |
| Current education setting |  |

|  |  |
| --- | --- |
| Address (where currently living) including postcode |  |
| Contact number(s) for home |  |
| Home language 1 |  | Ethnicity | Ethnicity. |
| Home language 2 |  | Nationality |  |

**Social Care**

|  |  |
| --- | --- |
| Child in Need |[ ]  Child Protection 0-18 |[ ]
| Child in Care 0-16 |[ ]  Court of Protection 18+ |[ ]
| Leaving Care 16+ |[ ]  Adult and Community Services 18+ |[ ]
| Early Help 0-18 |[ ]  Disabled Children and Young People 18+  |[ ]

**Child in Care (If applicable)**

|  |  |
| --- | --- |
| If a Child in Care, name of Authority  |  |
| Child in Care status |  |
| Social worker |  |

**SEND stage** - pupils with an EHCP, where an EHCNA is underway or where a referral for an EHCNA has been submitted will not be accepted.

|  |
| --- |
| Is the pupil named on the SEND register at SEND Support?  |[ ]

**Additional information**

|  |  |  |
| --- | --- | --- |
| Pupil Premium |[ ]  High Needs Funding Band |  |
| Current attendance: |  |

**Area(s) of need**

|  |  |  |
| --- | --- | --- |
| **Areas of need** (select **only one** primary need) | **Primary** | **Additional** |
| Communication and Interaction  |[ ] [ ]
| Speech, Language and Communication |[ ] [ ]
| Cognition and Learning (including SpLD) |[ ] [ ]
| Social, Emotional and Mental Health |[ ] [ ]
| Sensory / Physical (i.e *clinically diagnosed sensory loss and* ***not*** *sensory processing difficulties)* |[ ] [ ]

|  |
| --- |
| **Does the pupil have any diagnosed conditions?** **If yes, please specify what, when this was diagnosed and who by.** |
|  |

**Section 3: Other professionals / services / agencies involved**

**State if any other agencies are currently involved or have been in the last 6 months with this pupil and/or family and provide details of each agency’s key worker.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Key worker name** | **Contact details** | **Date of last contact** |
| Psychology and Therapeutic Services (P&TS) including Inclusion Facilitator Service |  |  |  |
| Specialist Education Services (SES) |  |  |  |
| Social Care (Please specify team) |  |  |  |
| Early Help (Please specify team) |  |  |  |
| Suffolk Youth Justice Service |  |  |  |
| Health (Please specify) |  |  |  |
| Mental Health Services (Please specify) |  |  |  |
| Other(s) please list below: |  |  |  |
|  |  |  |  |

**Section 4: Pupil and parent/carer views**

(If this cannot be gained, please explain why)

|  |
| --- |
| **Pupil’s views** |
| **What is working well?****What are your strengths and interests?** |  |
| **What are your concerns? What do you find difficult?****What might help?** |  |
| **Parent/Carer views** |
| **What is working well?****What are your child’s strengths and interests?** |  |
| **What are your concerns? What does your child find difficult?****What might help?** |  |

**Section 5: School Information: Assess, Plan, Do, Review**

|  |
| --- |
| **Please provide the following information:**  |
| Reading age/standardised score, date of test and name of test |  | Spelling age/standardised score, date of test and name of test |  |
| Current attainment for English and Maths. Please reference age-related national measures and/or standardised scores. |  |
| Other cognitive assessments completed and their outcomes, date of test and name of test |  |
| The date of the pupil’s last vision test |  |
| Has the pupil ever had their hearing checked? Have there been historical problems with hearing e.g. glue ear? |  |
| Information from any speech, language and communication assessments undertaken to identify any speech, language and communication needs. |  |
| **Tell us what you understand the pupil’s additional needs to be, how the pupil is presenting and what are your concerns.** |
|  |
| **Tell us what you have put in place to try and meet the pupil’s needs and what was the impact.**  |
| Date of ISM: |  | With which service(s)? |  |
| Summary of ISM recommendations: |  |
| Impact of ISM recommendations: |  |
| Have you attended SES Essential CPD around the area(s) of concern? |  | Date attended |  |
|  |
| Other strategies, interventions and reasonable adjustments in place to try and meet the pupil’s needs. Please state when each one was implemented and what the impact has been.  |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| How have all staff who have contact with the pupil been made aware of their needs and the reasonable adjustments in place? |  |
| How have the reasonable adjustments been monitored and reviewed?  |  |

**Section 6: Referrer’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Role |  | Telephone |  |
| School |  |
| Address |  |
| Email |  |
| Signature |  | Date |  |

**Please complete details and permissions below.**

**Section 7: Parent / carer details and permissions**

Full name(s) of all persons with legal parental responsibility / carers (with addresses if different) and relationship to the pupil must be provided for this request to progress.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  |  | Forename(s)  |  |
| Title |  | Relationship to child |  |
| Address (if different from pupil’s) | Parental responsibility? | Choose an item. |
|  | Telephone |  |
| Mobile |  |
| Postcode  |  | Email |  |
| Home language |  | Interpreter needed? | YES / NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename(s) |  |
| Title |  | Relationship to child |  |
| Address (if different from pupil’s) | Parental responsibility? | Choose an item. |
|  | Telephone |  |
| Mobile |  |
| Postcode  |  | Email |  |
| Home language |  | Interpreter needed? | YES / NO |

|  |  |
| --- | --- |
| Are any other communication adaptations required for parents/carers? If yes, please describe. | YES/NO |

**Section 8: Parent / carer permissions**

I / We the parent(s) / carer(s) are in agreement with the information included in this form and understand that:

* The referrer may attend a meeting about this pupil on our behalf regarding the information shared in this form.
* Personal information about me / my / our child may be shared with other professionals outside of SES who are, or have been, involved with me / my / our child and seek relevant information from them to decide what additional support or provision may be needed. **Please indicate here any exceptions:**
* Other professionals outside of SES may become involved should this be deemed helpful. **Please indicate here any exceptions:**

**Parent(s) / carer(s) signature**

Typed signatures will not be accepted.

|  |
| --- |
| **I confirm that I have read all the information on this form, including the SCC CYP Privacy notice** <http://www.suffolk.gov.uk/CYPprivacynotice> |
| Signature |  | Date |  |
| Signature |  | Date |  |

**All information contained within this referral form must be shared with the parent(s) / carer(s) and a signature must be obtained.**

**Forms will be returned and not processed until a signature is obtained.**

**-------------------------------------------------------------------------------------------------------------------------------**

**To be completed by SES at the SES Consultation, should a consultation be agreed. Please share outcomes with parents/carers.**

|  |  |
| --- | --- |
| **Date of SES Consultation:** |  |
| **Name of school attendee(s)/roles:** |  |
| **Name of SES Representatives/Services:** |  |
| **Chair:** |  |
|  |
| **Additional information provided:** |
|  |
| **Advice and recommendations:** |
|  |
|  |
|  |
|  |

**Any further support from SES will be agreed at an upcoming SES Referral Panel and you will be notified of the outcome.**