

**Specialist Education Services (SES)**

**Referral Form: Whole School Focus**

This referral form should be used to request the support from SES at whole School or Trust level, not individual pupils, and should be sent to: [SESReferrals@suffolk.gov.uk](mailto:SESReferrals@suffolk.gov.uk). In line with GDPR regulations, please send this form via an encrypted email (e.g. OME) stating OFFICIAL-SENSITIVE in the subject field.

Incomplete referrals will be returned.

**Section 1: Agreement**

Please note:

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

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

|  |  |
| --- | --- |
| I am aware of this referral for whole school/Trust support from SES | Yes  No |
| I accept the SES Partnership Agreement  Referrals without agreement will not be progressed | Yes  No |
| Headteacher’s/Trust Representative’s name |  |
| Headteacher’s/Trust Representative’s signature  (electronic signatures will be accepted) |  |
| Date |  |

**Section 2: Referrer’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| This is a referral for: | an individual school  or  all the Suffolk schools within a Trust | | |
| Name of school or name of Trust where this is a referral for a Trust i.e. support for all schools within the Trust |  | School/Trust address |  |
| Name of referrer |  | Referrer’s role |  |
| Referrer’s contact details |  | Date of referral |  |
| For a school’s referral:  Has a VSEND setting readiness been completed? | Yes  No | If yes, date of completion |  |

**Section 3: Whole school focus service request(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| SENCo Support: New to SENCo  (For those who are commencing their first SENCo role.)  ***No further sections need to be completed*** | Date taken up post |  |  |
| Please confirm this is the SENCO’s first SENCo role | |  |
| SENCo Support – New to Suffolk  (For SENCos who are new to Suffolk but have been a SENCo in a different county. This generates a one-off visit to support with understanding Suffolk systems.) ***No further sections need to be completed*** | Date taken up post |  |  |
| Support with IQM ***Complete Section 6 only*** | | |  |
| General Support – i.e., not from a specific specialist service ***Complete section 4 only*** | | |  |
| Communication and Interaction | | |  |
| Speech, Language and Communication Needs | | |  |
| Cognition and Learning | | |  |
| Specific Learning Difficulties | | |  |
| Social, Emotional and Mental Health | | |  |
| Hearing Impaired | | |  |
| Vision Impaired | | |  |

**Section 4: Referral details**

|  |  |
| --- | --- |
| For each service you have referred for, please explain why you have referred, providing relevant detail and data, and outline what you are hoping this referral will bring. | |
| General |  |
| C&L |  |
| SpLD |  |
| C&I |  |
| SLCN |  |
| SEMH |  |
| HI |  |
| VI |  |

**Section 5: Supporting information**

|  |  |
| --- | --- |
| For each of the specific specialist services you have referred for, please outline how you identify pupils with this need, how you try and meet the needs of pupils with this need and how you monitor and review pupils with this need. No individual names should be added - this section is for outlining school-wide procedures and practice. | |
| C&L |  |
| SpLD |  |
| C&I |  |
| SLCN |  |
| SEMH |  |
| HI |  |
| VI |  |

**Section 6: Specific information**

|  |  |
| --- | --- |
| For the request you are making, please outline what support you are seeking. | |
| IQM |  |