**Specialist Education Services (SES)**

**Referral Form: School Focus**

This referral form should be used to request the support from SES at School 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.

Referral forms for individual pupils are found here: [Specialist Education Services – Suffolk Learning](https://suffolklearning.com/inclusion/specialist-education-services/)

**Section 1: Partnership Agreement**

Please note:

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

Please read the SES Partnership Agreement: [Specialist Education Services – Suffolk Learning](https://suffolklearning.com/inclusion/specialist-education-services/)

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| --- | --- |
| I support this referral for whole school support from SES | Yes  No |
| I have read and agree with the SES Partnership Agreement  Referrals without agreement will not be progressed | Yes  No |
| Headteacher’s name |  |
| Headteacher’s signature  (electronic signatures will be accepted) |  |
| Date |  |

**Section 2: Referrer’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school |  | School address |  |
| Name of referrer |  | Referrer’s role |  |
| Referrer’s contact details |  | Date of referral |  |
| If the school has a Specialist Unit attached, please indicate if the referral is for support around the Specialist Unit.  Support for the main school would require a separate referral, please. | | Yes,this referral is around support **just** for the Specialist Unit | |

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

Select which support you are requesting and the supporting information, as required.

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| **SENCo Support** - available for upto 6 months from commencing role/returning to role | | | |
| Type of Support | Select if requesting | Supporting Information | |
| **New to SENCo -** for those who are commencing their first SENCo role. – ***Complete the boxes to the right. No further sections need to be completed.*** |  | Date taken up post |  |
| Please confirm this is the SENCO’s first SENCo role |  |
| **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.  ***Complete the boxes to the right. No further sections need to be completed.*** |  | Date taken up post |  |
| **Returning to Role -** for SENCOs who are returning to the SENCo role after a break e.g. maternity leave.  ***Complete the boxes to the right. No further sections need to be completed.*** |  | Date returned to post |  |
|  | | | |
| **School Support** | Select if requesting | Additional Information | |
| **Universal or Targeted Support** – please see Suffolk Mainstream Inclusion Framework (SMIF) [Suffolk Mainstream Inclusion Framework – Suffolk Learning](https://suffolklearning.com/inclusion/suffolk-mainstream-inclusion-framework/).  Support can be provided around SEND school policy and practice either generally (i.e. at Universal level) or with a specific SEND area of need in mind (i.e. at Targeted level). **Support can be provided around any of the areas within the SMIF.**  ***Complete the boxes to the right and section 4.*** |  | Where this referral relates to a specific year group/year groups, please indicate which year group(s). Leave the box blank if it is for the whole school. |  |
|  | | | |
| **Specific School Support** | | | |
| Type of Support | | | Select if requesting |
| Inclusion Quality Mark – registration and initial audit/planning only  ***No further sections need to be completed.*** | | |  |
| Inclusion Quality Mark – further support (School have started the IQM process and have identified specific support)  ***Complete section 4 only.*** | | |  |
| Suffolk Inclusion Toolkit – support with either VSEND or Essential SENCo Toolkit  ***Complete section 4 only.*** | | |  |

**Section 4: Referral details**

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| Please explain why you have referred, providing relevant detail and data, and outline what you are hoping this referral will bring. (No individual names or pupil initials should be added, where support is being requested around a cohort.) |
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