

This form must be completed and signed by the referring SENCo. Parental consent must be sought by the Setting and confirmed.

What Low Incidence Needs Service do you require? (Please tick ✓)			
Hearing Impairment:	<input type="checkbox"/>	Vision Impairment:	<input type="checkbox"/>
Physical Needs:	<input type="checkbox"/>		

****The Low Incidence Needs Service is hosted by Hurworth Primary School. Please see the school website for privacy notice.****

Referring Setting Details			
Setting:	<input type="text"/>	SENCo Full name:	<input type="text"/>
Tel No:	<input type="text"/>	Date of Parental consent:	<input type="text"/>
Email:	<input type="text"/>	CYP Class Teacher/ Key Worker:	<input type="text"/>

Pupil Details			
Pupil Name:	<input type="text"/>	DOB:	<input type="text"/>
Preferred Name:	<input type="text"/>	First Language:	<input type="text"/>
Year group:	<input type="text"/>		
SEN Support (K):	<input type="checkbox"/>	SEN Primary Need:	<input type="text"/>
EHC Plan:	<input type="checkbox"/>	ONE Plan/Support Plan:	<input type="text"/>
Does the child have a confirmed diagnosis?	<input type="checkbox"/>	Yes	No
If so, what is the diagnosis?	<input type="text"/>		
Is the child on an assessment pathway?	<input type="checkbox"/>	Yes	No
If so, for what need?	<input type="text"/>		

Medical Information (MUST BE completed by school if requesting HI or VI service)

Hospital:

Consultant:

Details of impairment (if known):

Reasons for request for involvement
What are your current concerns? Please describe presenting behaviours and reason for referral.
Please provide details of the pupil's strengths.

Please complete the evidence of Graduated Response assessment and planning, interventions, resources and staffing. <u>Please attach any additional documentation on evidence of impact.</u> You may also wish to provide a provision map to support.					
	Communication and Interaction (SLCN)	Communication and Interaction (ASD)	Cognition and Learning	Physical, Medical, Sensory	Social Emotional Mental Health
Evidence of GR					
Range					
Other comments					

Strategies and Interventions (Plan/Do/Review)

Please tick below any of the strategies and interventions, where appropriate, which you have already implemented in advance of making this referral?

Strategies & interventions	Tried?	Strategies & interventions	Tried?
Visual timetable		Calendar displaying future events/changes	
Visual instructions /task card		Adjusted seating	
Schedule/'First... then....'		Air cushion	
Visual symbols / prompts		Sensory activities [e.g. deep pressure exercises]	
Work boxes		Amended timetable [e.g. for 'de-stress' time or 'study' time]	
Individual eating area		Homework support	
Emotional rating scales [e.g. 5 point scale]		'Early lesson exit' card	
Reward box / choice boards [as motivators]		'Early to lunch' card	
Weighted blankets		'Time out' card	
Trampete		'Quiet time request' card	
Social communication skills lessons		Access to de-stress zone	
Feelings boards		Worry book/box	
PECS [advised by SaLT]		Indoor break/lunchtime space/structure	
Social stories		Noise reduction headphones	
Workstation		Weighted back packs	
Timers		Sensory box [e.g. fidgets]	
'Help' request card [as an alternative to using 'hands up']		Transition booklet	
Peer awareness of ASD		Conversation cue cards	
Other: (please complete)			

This form should be signed and returned to:

SENCo Signature:		Date:	
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Service	Contact name(s)	School base contact details	Telephone and email contact details
Low Incidence Needs (VI, HI, Physical Needs Advisor)	Jenny Hill (VI) Mina Kaur (HI) Clare Slater (HI) Louise Farrow (PNA)	Hurworth Primary School Westfield Drive Hurworth DL2 2ET	01325 720033 jhill@hurworthprimary.com mkaur@hurworthprimary.com cslater@hurworthprimary.com lfarrow@hurworthprimary.com