|  |  |
| --- | --- |
|  |  |

**REFERRAL TO BLACKPOOL TEACHING SCHOOL ALLIANCE**

**REQUEST FOR ADVICE RE SUPPORTING SEND IN THE MAINSTREAM SETTING**

***Please complete all sections fully to ensure that the referral can be accepted***

**Child’s Details**

|  |  |  |
| --- | --- | --- |
| **Name of Child:** | **DOB:** | **Year:** |
| **Parent/Carer Names:**  | **Address & Contact Numbers:** |
| **Date parental agreement obtained****:** | **Parents involvement to date:**  |

**School Details**

|  |  |
| --- | --- |
| **Current School:** |  |
| **Previous school(s)** |  |
| **SENCO:**  | **Class Teacher:** | **Head Teacher:** |

**Referral Details**

|  |  |
| --- | --- |
| **Referral made by:**  | **Date:**  |

|  |  |
| --- | --- |
| **Does the child have an EHCP?** | **Is the Child Looked After?** |
| **Any other multi-agency involvement?**  |



**Other Services/Therapists Involvement**

|  |  |
| --- | --- |
| **Name:****Role:** | **Contact details:** |
| **Name:****Role :**  | **Contact details:** |
| **Please attach any relevant reports supporting this referral, e.g. EP Report, Medical Advice, ’Plan Do’ Review Cycle** |

**Please detail your reason for referral:**

**What has been done so far to support this pupil? (Chronology/provision map may be attached if appropriate.)**

**Please detail what you anticipate advice from this service will achieve?**

**Signed: Role in school:**

**Signed: Headteacher**

**Headteacher: K Berry**

**Deputy Headteacher: G Hughes**

**158 Whitegate Drive, Blackpool FY3 9HF**

**Telephone: (01253) 764130, Fax: (01253) 600670** Email Address: **admin@park.blackpool.sch.uk**