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

**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:** |
| **Parents Names:** | **Address & Contact Numbers:** | | |
| **Date parental agreement obtained** | **Parents involvement to date: (*****please summarise*** | | |

**School Details**

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

**Referral Details**

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

|  |  |
| --- | --- |
| **Does the child have an EHCP?** | **Is the child LAC?** |



**Other Services/Therapists Involvement**

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

**Please detail your current concerns.**

**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**](mailto:admin@park.blackpool.sch.uk)