

## Solihull Specialist Inclusion Support Service

Referral to CLD team  ESB Team  Sensory Team

### NON-SCHOOL REFERRAL FORM

#### Personal details of child / young person

<b>Forename(s)</b>			
<b>Surname</b>			
<b>Date of Birth</b>			
<b>Looked After Child</b>			
<b>Gender</b>			
<b>Home Address</b>			
<b>Post Code</b>			
<b>Parent(s)/Carer(s) Name</b>			
<b>Telephone numbers</b>	<b>Home:</b>		
	<b>Work:</b>		
<b>Ethnic Origin</b>		<b>Home Language</b>	

<b>School/Setting</b>			
<b>Address</b>			
<b>Post Code</b>			
<b>Name of Referrer</b>			
<b>Agency of Referrer</b>			

**Other agencies involved:** (e.g. Education Welfare, Education Psychology, Health etc)

<b>Name</b>		<b>Agency</b>	
<b>Name</b>		<b>Agency</b>	
<b>Name</b>		<b>Agency</b>	

**Reason for referral (brief description of concern)**

**Please attach any relevant documentation to support this referral**

Please ensure that if you include reports from non-school professionals you have gained professional and parental consent

**Parental Consent** (No referral will be accepted without parental consent):

**Consent obtained from:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent obtained by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature or referrer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DATA PROTECTION**

Information given by you is needed to help staff in supporting children and maintaining records of children with whom staff are involved. The information is kept, in part, on a computerised database and, in part, as paper records and may be shared with health and welfare practitioners, other education departments and other appropriate agencies. All information kept complies with the principles of the Data Protection Act 1998.