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| Please check that you have read through the STLS PD referral criteria on Kelsi for involvement, before completing this referral. Please include medical reports if available. Referrals will be reviewed every two weeks in term time only. |
|  |
| Child’s details |
| Name |  | Date of birth |  |
| Gender |  | Age and year group |  |
| Referrer’s details |
| Name |  | Role |  |
| Organisation/agency |  |
| Email address |  | Telephone number |  |
| Parent / carer details |
| Name |  | Relationship to child |  |
| Email address |  | Telephone number |  |
| First (or main) language used |  | Interpreter required? |  |
| Address | What do parents expect from the referral? |
|  |  |
| School or EY Setting details |
| Name and address of school/setting |  |
| Contact name |  | Phone number |  |
| Email address |  | Year group |  |
| Number of hours attending |  |  |  |
| Professionals currently involved |
| Profession | Name | Email | Telephone |
| Health visitor |  |  |  |
| Children’s care coordinator |  |  |  |
| Consultant  |  |  |  |
| Paediatrician |  |  |  |
| Occupational therapist |  |  |  |
| Physiotherapist |  |  |  |
| Speech and language therapist |  |  |  |
| Feeding specialist |  |  |  |
| Sensory teacher (HI/VI/MSI) |  |  |  |
| Early Help |  |  |  |
| Other |  |  |  |
| Safeguarding |
| Is the child known to social services? |  |
| Is the child a child in need? |  |
| Is the child subject to a child protection plan? |  |
| Is the child a Looked After Child? |  |
| Local Authority with responsibility |  |

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| Main concerns and reasons for referral, please describe any diagnosis or difficulties, including relevant medical history |
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| What are your anticipated outcomes from making this referral? |
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| Communication and Language – please detail any concerns |
|  |
| Physical – gross and fine motor – please detail any concerns |
|  |
| Cognition and Learning – please levels working at if known |
|  |
| Personal, social and emotional – please detail any concerns |
|  |
| Any other information or additional needs, eg planned surgery, sensory needs etc |
|  |
| Parent/carer agreement to share |
| *The person signing this form needs to have Parental Responsibility\* for the child/young person concerned. Only one signature is required.* * *\*A mother automatically has parental responsibility for her child from birth.*
* *In England and Wales, if the parents of a child are married to each other at the time of the birth, or if they have jointly adopted a child, then they share parental responsibility.*
* *For couples who are not married: From 1 December 2003 a father shares parental responsibility if he jointly registers the birth of the child with the mother (i.e. he puts his name on the child’s birth certificate). Before 1 December 2003 a father must have signed a parental responsibility agreement with the mother or have obtained a parental responsibility order from court in order to share parental responsibility for the child.*
* *Parents do not lose parental responsibility if they divorce. Parental responsibility can be changed by order of the Court.*

**By engaging with us you agree to:** areferral being made by (**name of referrer**) ………………………………………………………………………on behalf of myself (**name of parent / carer**) ……………………………………………………………………………………and my child (**name of child**) ……………………………………………………………………………………………to **Specialist Teaching and Learning Service for Physical Disability.**I understand that information may be shared between different professionals working with my family in connection with this referral, and that such professionals might include (amongst others), doctors, nurses, therapists, psychologists, social workers, nursery/school staff and teachers.**Parent / Carer’s signature…………………………………... Date………..**How your information is used:**STLS PD is an educational service for pre-school, and school age children with physical disability and complex medical needs, and their families.** We collect and use your personal information to carry out tasks in the public interest, and some of this information may also inform our statutory SEND processes under the Children and Families Act 2014. If we need to collect special category (sensitive) personal information, we rely upon reasons of substantial public interest (equality of opportunity or treatment).We use your information to: Identify, support and monitor your child’s SEND needs; enable integrated working with other teams and organisations to ensure you receive the most appropriate support; and evaluate and quality assure the services we provide.We may share your information with: Teams within Kent County Council working to improve outcomes for children and young people; commissioned providers of local authority services; early years settings and schools you attend or are planning to attend; and partner organisations signed up to the Kent & Medway Information Sharing Agreement, where necessary, which may include NHS teams, health visitors, midwives, district councils, housing providers, Police, school nurses, doctors and mental health workers. |
| **Please email the referral form securely to: pdteam@kent.gov.uk****Telephone: 07811 690452** **Or post by recorded delivery to: Dan Coughlan** **Specialist Teaching and Learning Service PD** **Brooke House** **Reeves Way** **Whitstable** **CT5 3SS** |