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| **Child’s details** |
| **Child’s name** |  | **Date of Birth****Year Group** |  |
| **Diagnosis if known** |  | **Gender** |  |

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| **Details of the referrer** |
| **Name** |  | **Role** |  |
| **Agency/organisation** |  |
| **E-mail address** |  | **Phone number** |  |

**PLEASE ENSURE PARENT SIGNATURE IS APPLIED TO PAGE 5 AND 6**

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| **Parent / carer details** |
| **Name** |  | **Relationship to child** |  |
| **Email address** |  |
| **First (or main) language used** |  | **Interpreter Required** | **Yes / No** |
| **Family address** |
| **House no** |  | **Town** |  |
| **Street** |  | **Postcode** |  |
| **Home phone** |  | **Mobile phone** |  |

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| **Setting/school details (if attending)** |
| **Name and address of Pre-school setting or school.** **DISTRICT** |  |
| **Contact name** |  | **District** |  |
| **Email address** |  | **Sessions child attends** |  |
|  |  |  |  |

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| **Professionals currently involved** |
| **Profession** | **Name** | **Contact details** |
| **PD Specialist Teacher** | Name of PD Specialist Teacher that has recommended referral or N/A if no-one is involved yet. |
| **Physiotherapist****(prescribe walkers/standers)** |  |  |
| **Occupational Therapist****(prescribe seating)** |  |  |
| **Care Co-ordinator** |  |  |
| **Consultant / Paediatrician** |  |  |
| **Health** |  |  |
| **Speech & Language Therapist** |  |  |
| **Specialist Teaching & Learning Service (including HI\VI\MSI)** |  |  |
| **Early Help/Social Worker** |  |  |
| **Other** |  |  |
| **Safeguarding** |
| Is the child known to Social Services? | **Yes / No** |
| Is the child a Child in Need?  | **Yes / No** |
| Is the child subject to a Child Protection Plan?  | **Yes / No** |
| Is the child a Looked After Child?  | **Yes / No** |
| Local Authority with responsibility |  |
| **Main concerns and reasons for referral, please describe any diagnosis or difficulties including relevant medical history (e.g.**  **include any illnesses, medication)** |
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| **Please provide anticipated outcomes for your school/setting- What would you like?****Where a PD Specialist Teacher has advised you to complete form- please indicate who and likely intervention** |
|  |
| **Communication & Language**  |
|  |
| **Physical – Gross & Fine motor skills** |
|  |
| **Personal, Social & Emotional development**  |
|  |
| **Cognition & learning**  |
|  |
| **Sensory – or other additional needs** |
|  |
| **Medical Needs** |
|  |
| **Reports** |
| **Please scan or email most up to date My Plan/Therapy Plan/Medical letter.** |

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| **Views of parent(s) / carer(s) to the outcome of this referral** |
|  |
| **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**

**Or post by recorded delivery to: FAO Kate Hebson/Dan Coughlan**

 **Specialist Teaching and Learning Service PD**

 **Brooke House**

 **Reeves Way**

 **Whitstable**

 **CT5 3SS**