**Learning / SEMH Needs Referral Form**

**To request an assessment, intervention or Access Arrangment, please complete as fully as possible, using SIMS to obtain details of current SEN status, provision & assessment levels.**

**Please ‘ Save As ……’ and then email to SENCO, CC HOY & Form Tutor**

|  |  |  |
| --- | --- | --- |
| **TO BE COMPLETED BY REFERER** | | |
| Name of Student: | | Year/Class: |
| Current SEN Status: none / EHCP / K | | |
| EAL? y/n if so, Level? A,B,C,D,E | | |
| Target Grade / Level on (SIMS) : |  | |
| **Current Strategies/ intervention**  in place as part of ‘wave 1/ inclusive quality teaching strategies, (tick or add as appropriate, not all may be relevant)  **General in class:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Adaptive tasks |  | Sentence starters |  | Pre teaching/ topic glossary |  | Frequent ‘checking in’ with student |  | Repeating instruction |  | | Written instructions |  | Class position/ seating plan |  | Broken down instructions |  | Additional time |  | Reinforcement |  | |  |  | Targeted/ specific praise |  | Visual prompts/ support |  | Extra time / shorter tasks |  | Reader (teacher/ LSA / peer) |  |   **During assessment:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Use of laptop |  | Scribe in assessments |  | Additional thinking time / shorter tasks |  | Use of bilingual dictionary |  | Prompting |  |   **Others (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please state whether the current strategies you have highlighted above, are working in supporting the pupil**: | | |
| If SEN k / EHCP **Specific** Strategies/ intervention in place (on SIMS / Markshhet) , please state whether they are in use, relevant to the concern, and if they are working in supporting the pupil: | | |
| Reason for referral (please detail presenting difficulties): | | |
| If referring for Access Arrangements, please tick reasons:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Slow writing speed |  | Slow reading speed/ fluency |  | Slow processing speed |  | Poor focus/  concentration |  | | Very poor comprehension |  | Very poor spelling (hinders understanding) |  | Indecipherable handwriting |  | Medical need impacting learning |  | | Is the condition / difficulty ‘long term’ (over 12 months) |  | Additional information: | | | | | | | | |
| Person referring: Date:  (Please also indicate subject taught) | | |
| **TO BE COMPLETED BY SENCO** | | |
| SENCO Comments / Specialist assessments required / next steps etc : | | |
| SIMS / Marksheet records amended y/ n | Date: | |