



**Inclusion and Engagement Support Team**

**Referral Form 2025-2026**

***Please do not send a referral without a signed Parental Consent form, as this is a data breach.***

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| **It is essential that this form is completed in as much detail as possible, as this will enable more time in settings to work with CYP.** **Please ensure all the boxes in the top section of this form are completed.** **Failure to attach requested documents may also delay your referral*.*** |
| **School Name:**  |  |
| **Lancashire** **School Number:** |  |
| **School Address:** |  |
| **Pupil Name:****UPN:** |
| **School Attendance:** |
| **D.O.B:** | **Year Group:** |
| **Ethnicity:** | **Home Language:****Language spoken by YP:** |
| **CAF:** **CAF No:****CLA:**  | **TAF:** **Date of last TAF:** | **CIN/CP:**  |
| **EHCP – *(please forward a copy of the final EHCP with this referral)*****Yes** [ ]  **No** [ ]  |
| **Area of SEND as identified on EHCP :** |
| **Other Agency Involvement:** *(please include details of any Specialist Teacher or other agency involved.)*

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| **Agency Name** | **Date of Involvement** |
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| **Last EP report date & Author:****School link EP:****Have you consulted your link EP?**  |
| **Specialist Teacher input? Name:****Date:** |
| **Parental Consent Sought***Parental consent form* ***must*** *also be completed.* |  **Annual Review Date:**  |
| **Class Teacher:**  | **Support Assistant:** |
| **SENDco:** | **Contact Tel Number:****Email:** |
| **Summary of concerns:** What are the specific behaviours which have led to this referral? (Please bullet point) |
| **Current support in place :***(1-1, interventions, own workstation, safe space, sensory breaks, Nurture- frequency and duration etc)* |
| **Outcomes & Aspirations** |
| **What is working well?** | **What is not working?** |
| **Communication and Social Interaction** (How does the young person interact and communicate?) |
| **Sensory Needs** (Does the young person have any specific HI, VI or other sensory sensitivities?) | **Sources of stress and anxiety and strategies that work**(Identify any triggers) |
| **How do you support participation and engagement in lessons?** | **Health/Medical issues/needs** |
| **Unstructured Times:****Skills and Support Needs** (How do you support the young person during breaktimes and lunchtimes?) | **Practical/Self-help/Independence Skills** (Can the young person attend to their own self care needs? Can they problem solve independently?) |
| **Interests/Hobbies** **in and out of school** | **Strengths and Skills** |
| **Current Academic Levels****Reading-****Writing-****Maths-** |
| **Any risk or implications for Safety Management** |
| **Fixed Term Exclusions:** **Number:****Dates:** |
| Please attach the latest **EHCP, REVIEW SUMMARY, PROVISION** **MAP/IEP/SUPPORT PLAN/ATTENDANCE INFORMATION**, individual timetable and any recent reports by EP or other specialists.**Please email your completed request to:***IEST@lancashire.gov.uk* |
| **Completed by**:  | **Signature:** |
| **Designation**:  | **Date:**  |
| **School senior leader**:   | **Signature:**  |
| **Designation**:  | **Date:**  |
| ***Please note : - If your referral is successful, an Engagement and Commitment Agreement*** ***between School and the team will be formalised.*** |