**PLEASE COMPLETE AS FULLY AS POSSIBLE FOR ANY CHILD FOR WHOM YOU ARE REQUESTING SUPPORT. PLEASE REFER TO HUB GUIDANCE FOR SPECIFIC DETAILS OF ELIGIBILITY AND CRITERIA**

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| **Details of the child or young person** | | | |
| **Name of CYP** |  | **Parents/carers** |  |
| **Identified gender** |  | **Home address and postcode** |  |
| **DoB** |  |
| **Year group** |  |
| **UPN** |  | **Tel** |  |
| **Support level** | SEN Support/EHCP | **% attendance** |  |

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| **Details of school/setting or other provision** | | | |
| **School/setting** |  | **Address** |  |
| **Head/Lead** |  | **Tel** |  |
| **Key contact** |  | **Email** |  |

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| **Details of person referring for support** | | | | | | |
| **Organisation** | |  | | **Tel** |  | |
| **Name of referrer** | |  | | **Date of referral** |  | |
| **Role** | |  | | **Email** |  | |
| **Other agencies/ professionals involved** | | | | | | |
| **Name** | **Role** | | **Organisation** | | | **Contact telephone or Email** |
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| **Details of current issues, concerns and/or support requirements – please don’t duplicate on p3 and p4** |
| Briefly outline your concerns and the challenges being presented here. Why are you making this referral at this time? (Evidence of needs should be added on p3 and p4)  *Overview of what has led to you making this referral – e.g. timescale of widening gap / escalation of dysregulation etc.* |
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| Briefly outline what you have tried so far and what impact that has had. What do you feel you need beyond what you can do in your school / setting that this referral may help with? (Evidence of interventions / support should be added on p3 and p4.)  *Overview of what you’ve done so far here – detail of interventions / adaptations / cycles of APDR on p3* |
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| What does the pupil say about what support they need and how have they expressed this?: |
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| What does the Parent/Carer say about what support their child needs? |
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| **Note:** A request for involvement of Portage Home Visitors must also include a completed “Lone Working Risk Indicator Assessment” form. This is available on the intranet at <https://cyps.northyorks.gov.uk/special-educational-needs-disabilities-send-and-inclusion> |

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| **Additional information** *(please tick ✓)* | | | |
| Achieving expected levels of progress |  | Looked after child (LAC) |  |
| English as an additional language (EAL) |  | Open or on-going TAC/CAF |  |
| In receipt of pupil premium |  | In receipt of free school meals |  |
| Military family |  | Traveller family – highly mobile |  |
| Registered as school additional SEND support |  | EHCAR submitted to NYCC |  |
| Youth justice involvement |  | EHCP in place |  |
| Name of issuing LA *(EHCP in place)* | |  | |
| Alternative communication, e.g. BSL *(provide details)* | |  | |
| **Please give details of any formal diagnosis relevant to this request** | | | |
| Diagnosis | | Made by *(details of agency/medical professional, etc.)* | |
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| **Ethnicity** *(please insert tick ✓)* | | | | | |
| White/British |  | White/Irish |  | Gypsy/Roma |  |
| Any other White |  | White and Black African |  | White and Asian |  |
| Indian |  | Pakistani |  | Any other Asian background |  |
| Caribbean |  | Any other Black background |  | Chinese |  |
| White/Traveller of Irish Heritage |  | Bangladeshi |  | White and Black Caribbean |  |
| African |  | Any other mixed background |  | Any other ethnic group |  |
| Declined to say |  | Not yet obtained |  |  |  |

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| **Service Required – Is there a specific Service within the SEND hub which you are requesting?** *(please insert tick ✓)* | | | |
| Communication & Interaction |  | Cognition & Learning (inc Portage) |  |
| Vision |  | SEMH |  |
| Hearing |  | Inclusion Locality Panel |  |

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| **To be eligible for support from the hub, we need evidence of the child’s needs and details of intervention and support offered to date. Please do not write new information if you have documents available that you can attach – guidance as to what you may have available is included below :** | |
| **Communication & Interaction** | |
| **SLCN & Autism**: Child / young person presents with significant learning needs resulting from C&I difficulties which are resistant to interventions as described below  *Evidence e.g. attainment, baseline, pupil profile, SEN support plan etc* |  |
| **Autism:** Child / young person has an Autism diagnosis or is under assessment for Autism  *State if so and details of diagnosis date / who / under which team* |  |
| School / setting have implemented / used relevant High Quality Teaching (HQT) methods e.g.  Visual structure  Sensory checklist & made adjustments  Social communication checklist & made adjustments  *If yes to Autism – detail HQT methods used – attach SEN Support plan / chronology of intervention if already completed* |  |
| **SLCN**: Child / young person has a speech, language and communication diagnosis and is under the care of Speech and Language Therapy  *State if so and details of diagnosis date / who / under which SaLT service* |  |
| School / setting have implemented / used HQT methods:  Language screening e.g. Progression Tools or Language Link  Phonological awareness assessment and intervention  *If yes to SLCN – detail High Quality Teaching methods used – attach SEN Support plan / chronology of intervention if already completed* |  |

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| **Vision or Hearing Impairment** | |
| Child / young person has a medical diagnosis of either a vision or hearing impairment  *Details of HI or VI need including diagnosis and level of difficulty, MUST be a formal diagnosis* |  |
| How this difficulty impacts on child / young person’s learning.  *Evidence e.g. attainment, baseline, pupil profile etc* |  |

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| **SEMH** | |
| Child / young person presents with significant learning needs resulting from SEMH needs which are resistant to interventions which have been implemented such as:  Promoting responsibility and self-esteem  Teaching strategies for managing emotions  Teaching resilience and metacognition  Use of timers and visual support  Reducing demands and instructions  *Detail High Quality Teaching methods used – attach SEN Support plan / chronology of intervention if already completed* |  |
| School has implemented baseline assessment:  Boxall profile  Early Help assessment  Ladder of Intervention steps 1-4  *Detail High Quality Teaching / LoI methods used*  <https://cyps.northyorks.gov.uk/sites/default/files/SEND/SENCO%20Support/Autumn%202018/75036%20Ladder%20of%20Intervention%20report.pdf> |  |

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| **Cognition & Learning (inc Portage)** | |
| **Early years identification**:  **No setting** – child has significant developmental delay / disability linked to developmental delay / complex learning need in two or more areas  **At setting / school** - child is functioning at least 2 EYFS bands below their chronological age across most areas of development  *Evidence e.g. EYFS tracker, health visitor ages and stages questionnaire, milestones not met (specify which), diagnosis of a medical condition / medical reports.*  \*[*https://cyps.northyorks.gov.uk/special-educational-needs-disabilities*](https://cyps.northyorks.gov.uk/special-educational-needs-disabilities)*)* |  |
| **School age identification – broadly flat profile:**  Attainment is at least 3 years below expected level despite differentiated learning opportunities and concentrated targeted support.  *Evidence e.g. attainment, baseline, pupil profile e.g. “At A Glance” – attach SEN Support plan / chronology of intervention if already completed* |  |
| **School age identification – uneven or spikey profile:**  Attainment is at least 3 years below expected level in identified areas of development and there is significantly delayed progress to the extent that the child is unable to participate with their age related peer group without a high level of support.  *Evidence e.g. attainment, baseline, pupil profile e.g. “At A Glance” – attach SEN Support plan / chronology of intervention if already completed* |  |
| **All ages – input and intervention:**  School / setting have implemented / used HQT methods and:  Delivered additional and different provision  Specific assessments used by school have identified needs  School have taken steps to make provision to meet those needs  Those steps have been implemented consistently and closely monitored*.*  *Detail High Quality Teaching methods used – attach Progression Pyramid / SEN Support plan / chronology of intervention if already completed \**[*https://cyps.northyorks.gov.uk/cognition-and-learning*](https://cyps.northyorks.gov.uk/cognition-and-learning) |  |

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| **Submission** *(this request can’t proceed without parent / carer /young person’s consent – see next page)* |
| The school/setting/organisation making this request for involvement has parent / carer permission to share the named child or young person’s records and has their consent to request support from the North Yorkshire SEND Hubs. If the young person is 16 -17:11, they must also give their consent. If the young person is 18 or over, they must give their own consent and parent / carer consent is not required unless it has been agreed that they do not have capacity to do so and the parent / carer is authorised to give consent on their behalf.  The completed request must be signed by the referrer, either electronically or signed and scanned  Completed forms must be sent securely to **NYSENDhubs@northyorks.gov.uk**  Alternatively it can be posted to **Inclusion Service, NYCC, County Hall, Northallerton DL7 8AE** |

Hub referrals will be reviewed weekly in the hub. If the referral is accepted, a key worker will be allocated and someone will be in touch within the week after the allocation meeting to arrange next steps. If the referral is not accepted, someone from the hub will contact you to explain why, make some suggestions as to what you might try next and / or advise on what additional information we need. Please ask parent / carer / young person to complete consent forms as appropriate before submission; we are not able to process to requests without signed consent unless there are specific circumstances rendering this impossible. In this case, please email [NYSENDhubs@northyorks.gov.uk](mailto:NYSENDhubs@northyorks.gov.uk) and we will advise how this can be taken forward.

Inclusion Locality Panel referrals will be finalised 3 working days before the meeting to allow time to circulate to panel members.

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| **Consent by parent / carer MUST be given for a child under 16. From 16 to 17:11, the young person must also give their consent on the next page:** |
| I agree to the involvement of the North Yorkshire SEND hub and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.  If we agree together that it is in the best interests of my child, I understand that some information about them may be shared with other professionals who are already involved with them. This will be done in line with the ‘North Yorkshire Multi-Agency Information Sharing Protocol’ which can be found at: <https://www.northyorks.gov.uk/information-sharing> To ensure that my child receives the optimum service, information may be shared with other services within the County Council. Further consent will be sought from me for any direct contact with my child by another service not already involved.  I understand that both paper and electronic records may be kept by the SEND Hub service as a result of this involvement and that these records will be kept securely by NYCC and destroyed safely, according to the County Council's document retention and deletion schedule.  Under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), I have the right to request a copy of the information the County Council holds about me/my child.  For more information I can contact the Data Protection Officer at: [**infogov@northyorks.gov.uk**](mailto:infogov@northyorks.gov.uk) or write to **Information Governance Office, Veritau Ltd, County Hall, Northallerton, North Yorkshire, DL7 8AL** For further information on how the Council processes my personal data I can refer to <https://www.northyorks.gov.uk/privacy-notices>  **Please tick YES or NO** **to the following consent statement and, if consent is given, and you have parental responsibility for the child/young person named on this form, please complete below.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Relationship to child *(e.g. Mum / dad / Carer)*** |  | **Print Name** |  | | | **Address** |  | | | | **Email** |  | **Tel** |  | | | **Signed** |  | **Date** |  | |   **I give consent to a referral to the North Yorkshire SEND Hub service** **YES □ NO □**  I understand that I have the right to withdraw my consent at any time by contacting the Data Protection Officer at the above address. |

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| **Consent must be given by a young person aged 18 or over for themselves. Parent / carer consent will not be accepted unless the young person does not have capacity and parent / carer is authorised to give consent in their place. For young people over 16 but under 18, this should be completed along with consent by parent / carer:** |
| I agree to the involvement of the North Yorkshire SEND hub and understand that this may involve specialist staff working directly with me, my family and school/setting staff, with my knowledge.  If we agree together that it is in my best interests, I understand that some information about me may be shared with other professionals who are already involved with me. This will be done in line with the ‘North Yorkshire Multi-Agency Information Sharing Protocol’ which can be found at: <https://www.northyorks.gov.uk/information-sharing> To ensure that I receive the optimum service, information may be shared with other services within the County Council. Further consent will be sought from me for any direct contact with me by another service not already involved.  I understand that both paper and electronic records may be kept by the inclusive education service as a result of this involvement and that these records will be kept securely by NYCC and destroyed safely, according to the County Council's document retention and deletion schedule.  Under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), I have the right to request a copy of the information the County Council holds about me.  For more information I can contact the Data Protection Officer at: [**infogov@northyorks.gov.uk**](mailto:infogov@northyorks.gov.uk) or write to **Information Governance Office, Veritau Ltd, County Hall, Northallerton, North Yorkshire, DL7 8AL** For further information on how the Council processes my personal data I can refer to <https://www.northyorks.gov.uk/privacy-notices>  **Please tick YES or NO to the consent statement and please complete the box below.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **My full name** |  | **Date of birth** |  | | | **Address** |  | | | | **Email** |  | **Tel** |  | | | **Signed** |  | **Date** |  | |   **I give consent to a referral to the North Yorkshire SEND Hub service** **YES □ NO □**  I understand that I have the right to withdraw my consent at any time by contacting the Data Protection Officer at the above address. |