

1996 Education Act (Special Educational Needs)  
**Referral for Statutory Assessment  
 for pre-school age children.**

**The Referral - Incorporating Educational Advice (Pre-School)<sup>1</sup>  
 For children who may have long term, severe and complex needs**

Part 1 (A)

**NB:** Fields marked with an asterix (\*) are mandatory.  
 Any referral forms received by the Assessment Statementing & Review Service with mandatory fields not completed, are likely to be returned to the referrer, unprocessed.

**CHILD DETAILS:**

Surname *	
Forename *	
Middle Names	
Gender *	

Date of Birth *		School Entry :	<i>September</i> .....
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**Ethnicity: \***

	Please tick		Please tick
Asian – Bangladeshi	<input type="checkbox"/>	Mixed – White & Black African	<input type="checkbox"/>
Asian – Indian	<input type="checkbox"/>	Mixed – White & Black Caribbean	<input type="checkbox"/>
Asian – Pakistani	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
Black – African	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Black – Caribbean	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White British	<input type="checkbox"/>
Mixed – White & Asian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
	<input type="checkbox"/>	Other	<input type="checkbox"/>

Home language: .....
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<sup>1</sup> If a statutory assessment is agreed by Assessment, Statementing & Review Service (ASRS), the evidence which supports this referral will also constitute the pre-school's statutory advice.

**CONTACT DETAILS:****Child's main home address \*:**

(If parents live separately and the child spends time living with both parents, the address must be the address where the child lives for 50% or more of the year.)

Flat/Apartment Name or Number:	
House Name or Number:	
Street Name:	
Locality	
Town:	
County:	
Post Code *:	
Telephone:	

Is the above address a foster carer(s)' address? YES / NO.

If YES, name of Foster Carer(s): .....

**Parent / Guardian Details (1) \*:**

Title:		Surname:		Forename:	
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Relationship to Child:	
Mobile Telephone No:	
Work Telephone No:	
Private E Mail Address:	

**Parent / Guardian's Address, if different from child \*:**

Flat/Apartment Name or Number:	
House Name or Number:	
Street Name:	
Locality	
Town:	
County:	
Post Code *:	

Home Telephone:	
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**Parent / Guardian Details (2) \*:**

Title:		Surname:		Forename:	
Relationship to Child:					
Mobile Telephone No:					
Work Telephone No:					
Private E Mail Address:					

**Parent / Guardian's Address, if different from child and/or different from Parent (1) \*:**

Flat/Apartment Name or Number:	
House Name or Number:	
Street Name:	
Locality	
Town:	
County:	
Post Code *:	
Home Telephone:	

**Is the child in the care of Social Services?**

YES / NO (Circle as appropriate)

**If YES:**

Local Authority with Parental Responsibility:	
Name of Social Worker:	
Address:	
Telephone Number:	
E Mail Address:	

Are there any other adults with parental responsibility for this child? YES/NO

If YES, please give details overleaf.

**PRE-SCHOOL SETTING DETAILS \*:**

Name of Pre School Setting:	
Date of Admission:	
No of sessions per week, attended:	
Name of Main Contact at Pre School Setting:	
Full Postal Address of Pre School Setting: Please include post code.  (Please note that if ASRS proceed with this referral, we may have to send confidential letters and reports to this address, if your pre-school setting is based in a church hall or other building, not used exclusively by the pre-school provision, you may wish to provide us with a c/o address. This could be the home address of the Nursery Manager or SENCO.)	
Contact telephone number (s)	
Hours of the day during which we can contact you on the above number (s).	

**Pre School Setting Placement History:**

Has the child attended other pre school provision in the past? YES / NO

If YES, give details

Name of Pre School Setting:	From	To

Does the child currently access any sessions at another pre school provision?  
YES / NO

If YES, please give details:

**School Entry Details:**

Have parents been offered a Reception place in Infant or Primary School for this coming September?

YES / NO (Circle as appropriate)

If YES, please give the name of the School here: .....

Have parents accepted the place at the school named above? YES / NO (Circle as appropriate)

**1. Declaration**

- This referral contains all the evidence set out in Warwickshire Early Years Handbook <sup>2</sup>. The evidence will detail the nature of the difficulty, will demonstrate that the setting has made appropriate provision at Early Years Action Plus and will show that there has not been adequate progress, in response to the strategies implemented.
- Provision at Early Years Action Plus has included the active involvement of external specialists.
- The contents of this referral have been shared with parents/carers.
- All Sections of this referral form have been completed in full.

We confirm:

- That we believe that the above child meets Warwickshire’s criteria for SEN Statutory Assessments referral in the following area(s)  
(Tick all those that apply)

- Communication and Interaction
- Cognition and Learning
- Behaviour, Emotional and Social Development
- Sensory and/or Physical Needs
- Medical Conditions

**SENCO Signature** ..... **Date** .....

**Manager/ Teacher in Charge Signature** ..... **Date** .....

**Pre- School Setting** .....

<sup>2</sup> SEN Code of Practice. Guidance for early education and child care settings in Warwickshire.

**2. Additional evidence:**

The following is a checklist of the evidence which will be required. Tick the relevant box if the evidence is included to support the referral. (Please number the papers.)

Please attach all additional papers in order after the referral form. Do not place additional papers within the body of the report.

**Required for EVERY Referral:**

- Copies of Individual Education Plans (IEPs) and reviews that have been implemented over at least two review periods. **N.B. it is essential that you enclose copies of at least two IEPs and two reviews.**
- Evidence of progress or lack of progress.
- Teaching Talking profiles as appropriate
- Foundation Stage Profile as appropriate
- Has the intervention at Early Years Action Plus been monitored by an external specialist? Please indicate which specialist service:

IDS Birth-Five Service

Name of IDS Practitioner: .....

Educational Psychology Service (EPS)

Name of Educational Psychologist: .....

**Involvement of other agencies .**

Please tick

Agency		Name of Practioner	Telephone No:
Medical Professional			
Speech & Language Therapy			
Physiotherapy			
Occupational Therapy			
Clinical Psychology			
Pre School Home Visitor / Portage			
Helath Visitor			
Social Worker			
Any Other Agency			

Has the child attended a Child Development Centre or been assessed by the Multi Disciplinary Team? Please name the centre, and date of most recent appointment or report.

Please attach the report 'Summary & Recommendations from the Multi-Disciplinary Team', if available. <sup>7</sup>

Name of Centre:.....Date.....

**Part 1 (B)**  
**The Pre School Setting Statutory Educational Advice.**

As this form constitutes the pre-school's educational advice for statutory assessment, ensure that detailed responses are made in *all* the following sections. If Statutory Assessment is agreed and results in a Statement, the information provided by the pre-school in response to the following sections will significantly inform the wording of the Statement. EVERY section must be completed.

**1. Child's Strengths:**

What the child can do, enjoys, participates in etc. These should relate not only to learning and academic performance but also to **any** areas of strength.

**2. Special Needs.**

Please list the difficulties experienced by the child which you believe indicate the need for a statutory assessment.

**3. Support and involvement of other agencies and services (non educational):**

Please include copies of reports you have available from external sources (i.e. reports not produced by the pre school setting itself but which provide broader contextual information relevant to this referral).

Attached papers marked

**4. Attendance details:**

Please attach details of attendance during the period for which IEPs have been in operation and, where relevant, mention any actions taken to encourage better attendance.

**5. Health:**

Are there any relevant health issues that are impacting upon the child's learning and progress?

<b>YES</b>	
<b>NO</b>	

If YES, give details:

**6. Home circumstances:**

Is there any relevant information that might be influencing the child's learning/behaviour?

<b>YES</b>	
<b>NO</b>	

If YES, give details:

**7. Home/school liaison:**

Please provide details of home/school liaison and parental involvement.

Attached papers marked

**8. Parents' views on child's progress and difficulties:**

Include their hopes and aspirations for the future.

**9. Child's views:**

Include his/her hopes and aspirations for the future and any concerns that they might have about their educational experiences. **Please note that this is a new and essential element in Statutory Assessment in the 2001 Code of Practice according to maturity and capability.** If unable to ascertain the views of the child please indicate why.

**10. Impact of difficulty on Curriculum access:**

Please include areas of difficulty which impact on the child's learning across the range of curriculum areas or pre-school settings e.g. different teacher/practitioners, different tasks and activities and unstructured times of the day. This might include evidence of the differences observed in a child's social and interactional skills (behaviour) in different teaching or social environments e.g. structured and un-structured activities.

## 11. Specification:

What further intervention, programmes of work etc would be recommended **beyond what has been provided at Early Years Action Plus?** (For example, please specify teaching methods, strategies and techniques, future learning objectives, materials, programmes, aids etc)

## 12. Quantification.

What additional support may be necessary, beyond that which has already been provided at Early Years Action Plus? Please be specific in terms of:

- i) the amounts of time of additional support e.g. 10 minutes daily, one thirty-minute session weekly, and
- ii) the professionals involved e.g. teacher time, Teaching Assistant (TA) support for specific areas of the curriculum.

*[Please be aware that the Local Authority delegates stated resources by formula to schools. Statements where cognition and learning is the prime need do not have an additional cash allocation. What the pre-school quantifies here, the school will be required to provide from its delegated resources if the statement is agreed by the Local Authority.]*

### **13. Adaptation and Adjustments.**

Please say how the child's learning environment would need to be adapted (e.g. group size, visual/sensory aids, toileting needs, furniture, space, ICT etc) or what adjustments (e.g. teaching style, timetabling etc) need to be made to meet this child's needs.

**Please give parents a copy of this three-page letter and discuss it and the declaration form with them.**

**Warwickshire County Council**

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Dear Parents

**Notice that the Local Authority is considering whether to make a statutory assessment of your child.**

Your child's pre-school is asking the Local Authority (LA) to consider carrying out a statutory assessment of your child's special educational needs. Please:

- read this letter and attached information
- talk to the staff at your child's pre-school
- complete the parent/guardian declaration in the school's referral form
- return your declaration to the pre-school

At this stage we have not decided to go ahead with an assessment, we will be considering whether to do so. If we decide to go ahead, we will write to you about this.

Before making a decision the LA will be considering detailed information provided to us by your child's pre-school, the pre-school's Educational Psychologist and any other support services and professionals currently working with your child.

You will see from the declaration form that we ask you to state your views as to why you believe your child should or should not be assessed. We must also take your views into account before making a decision.

You may want to take more time and send us further comments or talk to us later. If so, please indicate this on the declaration form. In that case, we would wait for your further comments before making a decision. We do ask for any further comments within a month of the date of your declaration. The sooner you do this, the sooner we can make a decision.

The LA aims to make a decision whether to carry out an assessment within six weeks of receiving the school's referral.

The attached sheet entitled "How will the LA Carry Out a Statutory Assessment?" details what will happen next, if the LA decides it is necessary to carry out a full assessment. If the LA decides not to carry out a Statutory Assessment, you will have the right of appeal to Special Educational Needs and Disability Tribunal.

**If you have further questions**

If you have any further questions about the contents of this letter or the declaration form, you can telephone Lynne Udell on 01926 742160, from the Assessment, Statementing and Review Service, who will be pleased to find out answers for you. You can also contact the Warwickshire Parent Partnership Service on 0247 6588 464 for additional support. The Parent Partnership Service can also provide information about other sources of advice, such as local or national voluntary organisations.

Yours sincerely

**Nick Williams**  
**Interim Manager**  
**Assessment, Statementing & Review Service**

## “How will the Local Authority carry out a Statutory Assessment?”

If we do carry out a statutory assessment, we will request written reports on your child from you as parents, your child’s school / Early Years’ Setting, the school’s educational psychologist, the school medical officer, any special needs support services and or other professionals involved with your child. We are also legally bound to ask the Children’s Social Care Team if your child is known to them. You will also be invited to send us any reports you have obtained.

### The Stages of Assessment

We aim to make a decision on whether to carry out a statutory assessment of your child within six weeks of receiving the school’s request.

If we then decide to go ahead, we would aim to complete the assessment and then issue either a Proposed Statement<sup>2</sup> or Note in Lieu<sup>3</sup>, within 18 weeks from the start of the process.

However, there are exceptions to these time limits in circumstances beyond our control, such as receiving late reports from other agencies or medical appointments not being kept

If we decide to issue a statement, we will send you a proposed (draft) statement at that stage. We then aim to issue a final statement within a further eight weeks after that. If you disagree with anything in the Final Statement you will have the right of appeal to the Special Educational Needs and Disability Tribunal.

The aim is to complete the whole process, **if that is what is agreed**, within twenty-six weeks.

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<sup>2</sup> A Statement sets out a child’s special educational needs and the provision that should be made to meet them. We aim to make a decision on whether to make a Statement within two weeks of completing an assessment.

<sup>3</sup> If we decide not to issue a statement following an assessment, we will instead issue a “Note in Lieu” of a statement, which will set out details of your child’s needs and the support we feel the child’s school needs to provide. If you disagree with this decision you have a right of appeal to the Special Educational Needs and Disability Tribunal.

**Part 2**  
**Agreement of Parents**

**Parent / Guardian declaration:**

- I/we confirm that my/our child’s pre-school has discussed this referral with me/us and I/we have been fully involved in the decision to refer.
- The pre-school has given me a copy of the LEA’s letter about considering whether a statutory assessment is necessary. The letter has been discussed and I/we understand the contents and the steps involved with the referral.
- I/we have been given details of the Warwickshire Parent Partnership Service, including the SEN Guide for Parents.
- I/We understand that a Statement of Special Educational Needs will be agreed by the LEA only in circumstances where the statutory assessment concludes that my/our child has educational needs which are long term, severe and complex.
- I/we have worked in partnership with the pre-school to help our child.
- I/we support the pre-school’s view that a statutory assessment of my/our child should be carried out because: (Additional space overleaf if required.)

- I/we intend to contact the Local Authority to give additional reasons why my/our child should or should not be assessed. I/we will do so within a month of the date of this declaration.
- I/we do not intend to put forward any further comments at this time and wish the Local Authority to make a decision when it receives this referral.

Name(s): .....

Signature(s): .....

Date: .....

### Part 3 Educational Psychologist's Declaration

**Name of Pre-school Setting** \_\_\_\_\_

**Name of Child** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

- The above-named child is known to me.
- I have discussed the referral with the pre-school setting and have read the Referral Form
- I am aware of the difficulties currently being experienced by this child.
- I first became aware of these needs \_\_\_\_\_ (date).
- I have undertaken observation(s) of this child. (Give dates)
- I have advised the pre-school setting in relation to appropriate interventions to address this child's needs.
- I have evidence that the recommendations which I have made have been acted upon.
- I have not given specific advice but I am aware that other professionals have been supporting the pre-school setting in relation to this child. (Please state who overleaf).
- I am aware that other professionals have been working with *the child*. (Please state who overleaf).

#### Additional Comments

**Please use the space below to expand upon the information given above and in particular give your opinion on**

- the impact of the interventions at Early Years Action and Early Years Action Plus
- the child's current needs and ability to access the curriculum
- what more, if anything, could be done by the pre-school setting or external agencies at Early Years Action Plus.

**Additional Comments. Please answer as fully as possible and continue on reverse of sheet.**

**Name:**

**Signature:**

**Date:**

**Part 4**  
**Declaration by IDS Pre-School Teaching Team**

**Name of Pre-School Setting** \_\_\_\_\_

**Name of Child** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

- My service is aware of the difficulties currently being experienced by this child.
- I first became aware of these needs \_\_\_\_\_ (date).
- I have undertaken observation(s) of this child. (Give date if appropriate).
- Notes of this/these observations form part of this referral.
- DISCS flexible budget support has been accessed.
- I have evidence that the recommendations which I have made have been acted upon.
- Comment below on the impact of these interventions.

**Additional Comments**

**Please use the space below to expand upon the information given above and in particular give your opinion on**

- the impact of the interventions at Early Years Action and Early Years Action Plus
- the child's current needs and ability to access the curriculum
- what more, if anything, could be done by the pre-school or external agencies at Early Years Action Plus.

**Additional Comments. Please answer as fully as possible and continue on reverse of sheet.**

**Name:**

**Signed:**

**Support Service:**

**Date:**