

## 1996 Education Act (Special Educational Needs) Referral for Statutory Assessment for school age pupils.

### The Referral - Incorporating Educational Advice (School)<sup>1</sup> for pupils 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.

**Part 3 & 4 Declarations MUST be included with a school referral, in order for the local authority to regard the referral as complete.**

**CHILD DETAILS:**

Surname *			
Forename *			
Middle Names			
Gender *			

Date of Birth *		NCY:	
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Ethnicity : \*

Please tick

Please tick

Asian – Bangladeshi		Mixed – White & Black African	
Asian – Indian		Mixed – White & Black Caribbean	
Asian – Pakistani		Other Asian Background	
Black – African		Other Black Background	
Black – Caribbean		Other Mixed Background	
Chinese		Traveller of Irish Heritage	
Gypsy/Roma		White British	
Mixed – White & Asian		White Irish	
		Other	

Home language: .....
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<sup>1</sup> If a statutory assessment is agreed by ASRS, the evidence which supports this referral will also constitute the 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:	
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:	

**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.

### 1. Declaration

We confirm

- That we believe that the above pupil meets Warwickshire’s criteria for SEN Statutory Assessments referral in the following area(s)

Communication and Interaction

Cognition and Learning

Behaviour, Emotional and Social Development

Sensory and/or Physical Needs

Medical Conditions

The pupil should be considered as an exception because he/she falls into the following category:  
(Refer to Section 4 of “Statutory Assessments 2002)

- That this referral contains all the evidence set out in the booklet ‘Warwickshire Criteria and Referral Process. The evidence will detail the nature of the difficulty, will demonstrate that the school has made appropriate provision at School Action Plus for a period of not less than two terms and will show that there has not been adequate progress.
- Provision at School 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.

**SENCO Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Headteacher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**School** \_\_\_\_\_

**If the school is outside Warwickshire, please provide full address details:**

**School Phone Number** \_\_\_\_\_

**2. EDUCATION DETAILS:**

<b>UPN *</b>														
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**Placement History \*:**

<b>Current School</b>	<b>Start Date *</b>	
<b>Previous Schools</b>	<b>Start Date *</b>	<b>Date off roll*</b>

Is this pupil being taught outside of his/her chronological year group? YES / NO

If YES, please give details:

### 3. Educational Advice (School)

**Evidence of Need:**

**History of SEN: At School Action**

Date of first IEP at School Action	
Date of last review at School Action	
Outside agencies involved at School Action (If any)	
Summarise the objective evidence of inadequate progress at School Action which resulted in external support being provided for this pupil at School Action Plus.	

**At School Action Plus**

Date of first IEP at School Action Plus	
Date of last review at School Action Plus	
Outside agencies and professionals involved at School Action Plus (Please state both the service and the name of the professional)	
Names of the Professionals to whom Parts 3 and 4 of this Referral form have been handed	
Summarise the objective evidence of inadequate progress at School Action Plus which is prompting this referral for Statutory Assessment.	



#### 4. Evidence of Intervention and Progress at School Action Plus:<sup>2</sup>

The following is a checklist to help schools to organise the evidence to be included as part of the referral.

Every piece of evidence included with the referral must be labelled with a reference number. Tick each box below to show what evidence is included and note the reference letter or number in the appropriate box.

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

- Provide evidence that the pupil's curriculum has been appropriately differentiated according to need e.g. any specific programmes/activities/materials/equipments/IT that have been used

Attached papers marked  e.g. Number '1'

- Provide a breakdown of provision made at **School Action** including school staff involved and the frequency and timing of support

Attached papers marked  e.g. Number '2'

- Provide a breakdown of provision made at **School Action Plus** including school and external staff involved, frequency/timing of support and number of sessions missed

Attached papers marked

- Provide evidence of progress, or lack of progress, over time

Attached papers marked

- How has the intervention been monitored by an external specialist?

<sup>2</sup> Schools should refer to Section 7.1 of 'Warwickshire's Criteria and Referral Process'

**5. Additional evidence:**

The following is a checklist of the evidence which will be required and to which reference is made later in this form. Please ensure that every item is considered. Tick the relevant box if the evidence is included to support the referral. (Please continue numbering the papers.)

**Required for EVERY Referral:**

- copies of individual education plans and reviews that have been implemented over at least a two term period. **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 or PIPS profiles for Key Stage 1 pupil

**Required ONLY for referrals relating to the development of oral language skills**

- Speech and Language tests e.g. Clinical Evaluation of Language Fundamentals (CELF) or Wechsler Objective Language Dimension.

**Required ONLY for referrals relating to the development of personal, social and interactional skills.**

- Copy of records of structured observation by a Special Support Teacher and/or Educational Psychologist on two or more occasions
- Date of consideration at Area Behaviour panel and outcome

Or **all** of the following:

- Copy of records of structured observation by a teacher (please include a copy of the agreed behaviour schedule or log, indicating antecedent – behaviour – consequence)
- Copies of the pupil's Individual Education Programme and review or Pastoral Support Programme, and review as specified in circular 10/99
- Copy of incident record / behavioural diary
- Date of consideration at Area Behaviour panel and outcome

**Required ONLY for referrals relating to sensory and/or physical impairment and/or medical conditions:**

Please include written evidence of two or more of the following. N.B. Please do not re-write evidence which is already included in the IEPs and IEP reviews.

- the pupil's ability to take part fully in particular aspects of the school's curriculum without 1:1 adult supervision for a significant proportion of the timetable.
- substantial modifications to the learning environment required to enable the pupil to have full access to the curriculum and facilities of the school
- the pupil having significant self-help difficulties, for example, dressing, toileting or feeding in relation to others of his/her age group
- the pupil's condition giving rise to serious safety issues, requiring close adult supervision for \_\_\_\_\_ (State time per day or week)
- the pupil's inability to take part in school life placing the pupil under significant emotional or physical stress

**Part 1 (B)**  
**The School's Statutory Educational Advice.**

As this form constitutes the 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 school in response to the following sections will significantly inform the wording of the Statement. EVERY section must be completed.

**1. Pupil's Strengths:**

What the pupil 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 pupil 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 school itself but which provide broader contextual information relevant to this referral).

Attached papers marked

**4. Attendance details:**

Please attach a print-out 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 pupil's learning?

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

If YES, give details:

**6. Home circumstances:**

Is there any relevant information that might be influencing the pupil'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 pupil's progress and difficulties:**

Include their hopes and aspirations for the future.

**9. Pupil's views:**

Include her/his hopes and aspirations for the future and any concerns that they might have about their educational experiences. **Please note that this is an essential element in Statutory Assessment in the 2002 Code of Practice.** If unable to ascertain the views of the pupil please indicate why.

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

Please include areas of difficulty which impact on the pupil's learning across the range of curriculum areas or school settings e.g. different teachers, different subjects and unstructured times of the day. This might include evidence of the differences observed in a pupil's social and interactional skills (behaviour) in different teaching or social environments e.g. in literacy based and non-literacy based subjects and structured and unstructured activities.

**11. Specification:**

What further intervention, programmes of work etc would the school recommend **beyond what the school has provided at School Action Plus?** (For example, please specify teaching methods, strategies and techniques, future learning objectives, materials, programmes, aids etc)

**12. Quantification.**

What additional support which would be necessary, beyond that which the school has already provided at School Action Plus? Please be specific in terms of

- a. the amounts of time of additional support e.g. 10 minutes daily, one thirty-minute session weekly, and
- b. the professionals involved e.g. teacher time, SNA support for specific areas of the curriculum.

*[Please be aware that all funding for learning statements is delegated by formula to schools. What the school quantifies here, it will be required to provide from its delegated resources if the statement is agreed by the LA.]*

**13. Adaptation and Adjustments.**

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



**Warwickshire County Council**

Nick Williams  
Assessment, Statementing & Review Service  
Saltisford Office Park  
Ansell Way  
Warwick  
CV34 4UL  
Tel: 01926-742405  
Fax: 01926-742083  
nickwilliams@warwickshire.gov.uk  
www.warwickshire.gov.uk

Dear Parents

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

Your child's 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 school
- complete the parent/guardian declaration in the school's referral form
- return your declaration to the 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 school, the 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, members of our 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>3</sup> or Note in Lieu<sup>4</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>3</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>4</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 3 Educational Psychologist's Declaration

Name of School \_\_\_\_\_

Name of Pupil \_\_\_\_\_ Date of Birth \_\_\_\_\_

- The above-named pupil is known to me.
  
- I have discussed the referral with the school and have read the Referral Form
  
- I am aware of the difficulties currently being experienced by this pupil.
  
- I first became aware of these needs \_\_\_\_\_ (date).
  
- I have undertaken observation(s) of this pupil. (Give dates)
  
- I confirm that the school has included the notes of this/these observations as part of this referral. School has coded this with Reference Letter \_\_\_\_\_
  
- I have undertaken formal assessments of this pupil and these form part of the referral evidence. (Give dates) School has coded this with Reference Letter \_\_\_\_\_
  
- I have advised the school in relation to appropriate interventions to address this pupil's needs.
  
- I have evidence that the recommendations which I have made have been acted upon.
  
- In the space overleaf please comment on the impact this has had on the pupil.
  
- I have not given specific advice but I am aware that other professionals have been supporting *the school* in relation to this pupil. (Please state who overleaf).
  
- I am aware that other professionals have been working with *the pupil*. (Please state who overleaf).

#### Additional Comments

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

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

**Additional Comments:**

**Name:**

**Signature:**

**Date:**

**PLEASE NOTE: The Part 3 Declaration MUST be included with a school referral, in order for the local authority to regard the referral as complete.**

## Part 4 Declaration by External Professional(s)

**Name of School** \_\_\_\_\_

**Name of Pupil** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

- My service is aware of the difficulties currently being experienced by this pupil.
- I first became aware of these needs \_\_\_\_\_ (date).
- I have undertaken observation(s) of this pupil. (Give date if appropriate).
- Notes of this/these observations form part of this referral.
- I have undertaken formal assessments of this pupil and these form part of the referral evidence. (Give dates)
- I have advised the school in relation to appropriate interventions to address this pupil's needs.
- I have evidence that the recommendations which I have made have been acted upon.
- Comment overleaf on the impact of these interventions.

**Work with the pupil has been undertaken by my service since** \_\_\_\_\_

- daily
- weekly
- monthly
- half-termly
- termly
- Other (please specify)

**following**

- a stand-alone programme
- a joint programme of work developed with the teacher
- work devised by the school
- other (Please specify)

**in the context of**

- one-to-one working
- working with the pupil as part of a small group
- in the classroom with the teacher
- other.

### Additional Comments

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

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

**Additional Comments:**

**Name**

**Signed**

**Date**

**Support Service**

**PLEASE NOTE: Part 4 Declaration(s) MUST be included with a school referral, in order for the local authority to regard the referral as complete.**