

TMBSS PRIMARY INCLUSION SUPPORT REFERRAL FORM



PLEASE SEND COMPLETED FORMS TO: admin.harlescott@tmbss-shropshire.org.uk

PAYMENT OF £240 DUE WITHIN 30 DAYS OF DATE OF INVOICE

PUPIL DETAILS

Name:				UPN No:	
Address:					
Gender:		Ethnicity:		First language:	
Year Group:		Current Age:		DOB:	

SAFEGUARDING

CLA:	Yes		No		Allocated Social Worker / Virtual School link:	
On CP Register since Jan 2019?	Yes		No		Allocated Social Worker:	
Early Help?	Yes		No		Allocated Early Help Worker:	

EDUCATION DETAILS

School History (Please list CURRENT school first):	Start Date	End Date

SUPPORT DETAILS

Class teacher name:	
Names of key members of support staff:	
Level of additional adult support:	
Does the pupil currently access a part-time timetable/PLP? Please give details below:	School attendance percentage:

SPECIAL EDUCATIONAL NEEDS

EHCP <i>(final or draft with start date and level):</i>		Under EHCN Assessment <i>(date request submitted):</i>		Graduated Support Plan <i>(start/end dates and level):</i>	
No SEN identified:		SEN Support:		Name /date of Educational Psychologist assessment:	
BEEU involvement:		Diagnosis:		Other agencies involved:	

REASON FOR REFERRAL**HOW HAS SCHOOL TRIED TO SUPPORT THE PUPIL AND HOW SUCCESSFUL HAVE THESE INTERVENTIONS BEEN?****PHONICS**

Which phonics scheme do the school have a fidelity to:

ATTAINMENT

	LEVEL	TEST	DATE
READING			
SPELLING			
MATHS			

ADDITIONAL ASSESSMENT INFORMATION**CURRICULUM STRENGTHS**

SOCIAL, EMOTIONAL AND MENTAL HEALTH CHECKLIST

Please rate each behaviour on the following scale:

1 = No cause for concern → 5 = Serious cause for concern

ACADEMIC BEHAVIOUR	1	2	3	4	5
Following written instructions					
Following verbal instructions					
Settling to work					
Classwork – written					
Classwork – discussion					
Task completion					
Working without direct supervision					
Classwork – practical					
Classwork – group work					
Classwork – partner work					
Presentation of work					

RULES AND ROUTINES	1	2	3	4	5
Follows rules of the classroom					
Aware of right and wrong					
Hanging up coat / bag					
Entering / leaving the room					
Distributing materials					
Seeking / waiting for teacher assistance					
Following instructions from the teacher					
Following instructions from the support staff					

AGGRESSIVE / DESTRUCTIVE BEHAVIOUR	1	2	3	4	5
Strikes / kicks other pupil(s)					
Pushes / trips up other pupil(s)					
Bites other pupil(s)					
Scratches / pinches other pupil(s)					
Physically / verbally threatens pupil(s)					
Damages / takes pupil(s) property					
Damages / takes pupil(s) classwork					
Argues / gives cheek with teacher					
Hits out at teacher					
Physically / verbally threatens teacher					
Makes inappropriate gestures					
Spits / other antisocial behaviour					
Uses offensive language					
Moves furniture					
Throws equipment / books					
Writes / scribbles on others books / property					
Damages school property					

VERBAL / NOISY BEHAVIOURS	1	2	3	4	5
Taps / bangs on the desk / table					
Calls / shouts to teacher					
Talks / shouts to pupils					
Sings inappropriately					
Makes non verbal noises					
Inappropriate comments to teacher					
Talks / mutters to self					
Whistles inappropriately					
Giggles / laughs inappropriately					
Refusal to respond to adults verbally					

SOCIAL / EMOTIONAL ADJUSTMENT	1	2	3	4	5
Not popular / Disliked by other pupils					
Often worried					
Tends to be solitary					
Irritable / Loses temper easily					
Appears unhappy / miserable / tearful / distressed					
Sucks thumb / fingers, bites nails / fingers / clothes					
Tearful / anxious of new things / situations					
Over fussy / particular					
Passive / apathetic					
Unhappy / tearful on arrival at school / school refusal					
Responds to playing a role					
Plays co-operatively in structured situation					
Plays in unstructured situation					
Accepts winning					
Accepts losing					
Expresses own ideas, decisions					
Expresses own feelings					
Copes with transitions/unexpected change					

IN SEAT / OUT OF SEAT BEHAVIOURS	1	2	3	4	5
Turns / rocks in seat					
Fidgets / shuffles in seat					
Changes seat					
Runs about classroom					
Stamps feet					
Sits out of position in seat					
Stands up out of seat					
Moves from seat / walks about					
Lies / crawls on the floor					
Climbs on furniture					
Hides under furniture					

BREAK TIME	1	2	3	4	5
Following instruction from adults					
Following instruction from support staff					
Inappropriate physical contact					
Age appropriate play					
Appropriate use of equipment					
Following routines at end of playtime					
Remain in designated areas					

SUSPENSION HISTORY		
Date:	Duration:	Reason:

PARENT/CARER DETAILS			
Parent/Carer Name:		Parent/Carer Name:	
Home Number:		Home Number:	
Work Number:		Work Number:	
Mobile Number:		Mobile Number:	
Is parent aware of and in agreement with this referral?		Is parent aware of and in agreement with this referral?	
Does the parent agree to share their views over the telephone with TMBSS staff as part of the Inclusion Support visit?		Does the parent agree to share their views over the telephone with TMBSS staff as part of the Inclusion Support visit?	
Discussed with parent by/on?		Discussed with parent by/on?	
Parental Signature:		Parental Signature:	

ORGANISATION			
Name/Position:		Telephone No:	
Email:			
Signature:		Date:	

**A MEMBER OF THE TMBSS TEAM WILL MAKE CONTACT TO BOOK THE INCLUSION SUPPORT VISIT.
WE AIM TO DO THIS WITHIN 4 WEEKS BUT THIS IS DEPENDENT ON CAPACITY.**

WE LOOK FORWARD TO WORKING WITH YOU.