# Referral Form

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Please complete this referral form in full and return by email to your Beacon consultant. Also attach a scanned version of your **signed parental consent form** and the **pupil’s latest individual target plan** (or similar) to your email.

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| Pupil Name: | DOB: | Year group: |
| Referring School: | UPN: |
| Name of person making referral: | School contact email: |
| Address (including post code): |
| Telephone number: | Referral date: |

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| Please provide details of the pupil's difficulties observed in school: |

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| Is the pupil on the Child Protection Register? | Yes / No (delete as appropriate) |
| Is the pupil in Local Authority Care? | Yes / No (delete as appropriate) |

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| Please give details of any known medical conditions or diagnosis: |

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| Family background, siblings, parental views of pupil's behaviour: |

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| Please provide details of any strategies used so far in school (and their effectiveness): |

# Code of Practice

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| Delete as appropriate:Pre-EHC / EHCP requested / EHCP complete |

Please complete this referral form in full and return by email to your Beacon consultant. Also attach a scanned version of your **signed parental consent form** and the **pupil’s latest individual target plan** (or similar) to your email.

Thank you for fully completing **all** information in full.