

Please indicate the type of referral you wish to make:

Statutory Assessment  ARMS Placement  Additional Resources at SA+

### Section 1:

#### Young person's details

Surname:  Forename:

Date of birth:       Gender: male  female

Home address:

Postcode:

School/setting:

Unique pupil no:  Language spoken at home:

#### Parent/carers details

Name of parent/carer: <input type="text"/>	Name of parent/carer: <input type="text"/>
Address of parent/carer: <input type="text"/>	Address of parent/carer: <input type="text"/>
Contact tel. no.: <input type="text"/>	Contact tel. no.: <input type="text"/>
Relationship to pupil: <input type="text"/>	Relationship to pupil: <input type="text"/>

#### Children Act status

Is the young person in the care of the Local Authority? yes  no

If yes, please advise of the legal status eg. Full Care Order/Section 20 etc

Is the placement protected? yes  no

Does the parent still have parental responsibility? yes  no

Please provide the contact details of social worker involved

Please provide the contact details for the designated teacher for looked after children

Has a Common Assessment Framework (CAF) document been completed? yes  no

Date completed:

## Young person's area(s) of Special Educational Need (SEN)

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Specific Learning Difficulty (i.e. Dyslexia)           | <input type="checkbox"/> | Behaviour, Emotional & Social Difficulty | <input type="checkbox"/> |
| Moderate Learning Difficulty                           | <input type="checkbox"/> | Social Communication Needs               | <input type="checkbox"/> |
| Severe Learning Difficulty/Complex Learning Difficulty | <input type="checkbox"/> | (including Autistic Spectrum Conditions) |                          |
| Profound & Multiple Learning Difficulties              | <input type="checkbox"/> | Visual Impairment                        | <input type="checkbox"/> |
| Speech and Language Needs                              | <input type="checkbox"/> | Hearing Impairment                       | <input type="checkbox"/> |
|  |                          | Physical Disability                      | <input type="checkbox"/> |

Primary need:

Secondary need (if any):

## Section 2: If an ARMS placement is being requested, please indicate type of ARMS placement required.

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Learning Difficulties with additional needs | <input type="checkbox"/> | Hearing Impairment                             | <input type="checkbox"/> |
| Speech and Language                         | <input type="checkbox"/> | Social Communication Difficulties (inc Autism) | <input type="checkbox"/> |
| Physical Difficulties                       | <input type="checkbox"/> | BESD   | <input type="checkbox"/> |

## Section 3: Information about current placement

Year group by age  Actual year group (if different)  Number of young people in class

Actual and possible attendance in last 12 months Actual:  Possible:

Usual attendance for nursery placement

Code of Practice stage (tick as appropriate): EYA+  SA+  Statement

## Previous school information if known or relevant

Name of provision (including address if outside Gateshead)	Type of provision (Early Years setting, School, Specialist provision, PRU etc)	Date from	Date to	Reason for leaving

(Continue on a separate sheet if necessary)

## Section 4: Exclusions/managed moves

Has the young person had any fixed term exclusions? yes  no  If yes, please indicate no. of days/occasions.

Has the young person been permanently excluded? yes  no

If the young person has fixed and/or permanent exclusions, please provide details below..

Has the young person been moved to specialist behaviour provision within the school? If so give brief details.

Please indicate any managed moves that have been made.

For Nursery children, has there been any reduction in time because of behavioural/emotional/social need? yes  no

If yes, please provide details below...

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## Section 5: Detailed Background Information:

Please provide a summary of the young person's difficulties, including any changes over time.

## Factors which may affect the young person's additional needs

Please detail any relevant aspects of the young person's history and background (personal, medical or educational).

## Section 6: Current levels of support for young person

AEN funding total (whole school) for current academic year (schools only) :

£

Stage	Date first placed	Review date(s)
School Action		
School Action Plus		

## Please summarise below the current provision in place for the young person

Please include a costed provision map where possible.

Specialist Inputs and Additional Staffing	How long has this been provided?	Outcomes/Impact Achieved	Cost to School

Specialist Facilities, Equipment, Aids and Resources	How long has this been provided?	Outcomes/Impact Achieved	Cost to School

<b>Total Spend</b>	
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**Section 7:** This section is to provide information about all external services involved with a young person from within the Local Authority eg. EPS, SENIT, BSS

Named contact and their involvement	Nature of involvement (please tick one or more)	Direct support details	Frequency
	Advice Training Support Assessment		
	Advice Training Support Assessment		
	Advice Training Support Assessment		
	Advice Training Support Assessment		

**Section 8:** Please provide further information in the following areas in relation to the young person:

**Strengths and Achievements:**

**Approach to Learning :**

	Strengths	Areas of need
Emotional Resilience		
Social interaction		
Self Help Skills		
Motor		

Please provide further information in the following areas in relation to the young person:

**Activities the young person particularly enjoys**

**Activities the young person avoids or dislikes**

**Section 9: This section is to be completed for children at either nursery or foundation stage. Please complete the column appropriate to the stage of the child.**

Nursery profile area	Nursery profile score	Foundation stage profile score
<i>Personal, social, emotional development</i>		
Dispositions and attitudes		
Social development		
Emotional development		
<i>Communication, language and literacy</i>		
Language for communication and thinking		
Linking sounds and letters		
Reading		
Writing		
<i>Problem solving, reasoning and numeracy</i>		
Numbers as labels and for counting		
Calculating		
Shape, space and measure		
<i>Knowledge and understanding of the world</i>		
<i>Physical development</i>		
<i>Creative development</i>		

## Section 10: To be completed for all young people of statutory school age

### Current Teacher Assessment

Term in which assessment was undertaken  Year

Please give the level (and overall subject level) at which the young person is currently working. Please indicate where possible, whether NC level is a, b, c

Subject	NC Level (or P Scale if NC not achieved)
English – AT1 – Speaking and listening	
English – AT2 – Reading	
English – AT3 – Writing	
Overall Subject Level	
Mathematics – Overall level	
Science – Overall level	
PSD 1 – Interacting and working with others	
PSD 2 – Independent and Organisational skills	
PSD 3 – Attention	

### National Curriculum SATS results

What the pupil has achieved at the end of relevant key stages and in optional SATs. Please indicate if level is a, b, or c where possible.

	Optional	Actual	Optional	Optional	Optional	Actual	Optional	Optional	Optional
	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9
<b>ENGLISH</b>									
AT1									
AT2									
AT3									
Overall									
<b>MATHEMATICS</b>									
Overall									

### Examination Provision

Please outline any special examination arrangements that were in place for SAT's e.g. reader, additional time etc.

## Section 11: Record of involvement

### Record of educational service involvement

Educational Support	Contact Name	Date of first involvement	Most recent involvement	Report attached?
Early Years Inclusion Team				
Educational Psychology Service				
Education Welfare				
EMTAS				
REALAC				
SENIT – Language				
SENIT – SpLD				
SENIT – ASC				
SENIT – HI				
SENIT – VI				
SENIT – PD				
Behaviour Support Service – In School Support				
BESD ARMS Outreach				
Hospital and Home Tuition				
Other <i>(please specify)</i>				

### Record of any non- educational service involvement

Non - Educational Support	Contact Name	Date of first involvement	Most recent involvement	Information attached?
Child and Family Unit				
Emotional Wellbeing				
Children's Social Care				
Community Learning Disability Team				
Occupational Therapy				
Physiotherapy				
Speech and Language Therapy				
Voluntary Sector (Barnardo's etc)				
Youth Offending Team				
Other <i>(please specify):</i>				

## Section 12:

### Views of parents/carers

Please provide details of the view of parents/carers about their child's additional needs.

### Additional Information

Please provide any additional information that would support this application

### Section 13: Consent

Does the parent/carer have any specific needs regarding contact (eg. hearing impairment) that the LA would need to take into consideration?

yes  no  If yes please specify

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### Section 14: Parent/Carer Statement FOR APPLICATIONS FOR STATUTORY ASSESSMENT ONLY

In the event of statutory assessment being considered necessary, I give my consent as outlined below.

I note that the Local Authority must seek advice from School, the Educational Psychologist, the designated Medical Officer, Children's Services and Education Welfare. I understand that this must happen even if my child is not known to these services.

I also understand that the LA may also seek advice from other professionals not included in this list if necessary. In particular, access may be required to confidential medical records held by my child's GP and/or consultant and I consent to this information being shared with the LA.

In order for the statutory timescale to be met, I/we will make every effort to attend for medical appointments that may be made for my child if required.

I also agree to reports being circulated to the relevant professionals on completion of this assessment. Please note that the information you provide in this form could be made available to everyone involved in this assessment and also to a SEN tribunal.

I have read the statement above (or had it read to me) and understand and agree to this application being submitted to the SEN Inclusion Panel

Signature of parent/carer

Name

Date

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### Section 15: FOR APPLICATIONS FOR ARMS PLACEMENT OR ADDITIONAL RESOURCES

I have discussed this application with staff from the provision/school/setting that my child attends and I am willing for the application to be considered by the SEN Inclusion Panel.

Signature of parent/carer

Name

Date

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### Section 16: FOR ALL APPLICATIONS

Name of person sponsoring application

Signature of Sponsor

Signature of Head Teacher or SENCo

Name and Position

Date

## Section 17: Checklist

Please ensure the following documents are attached where appropriate

Document	Attached?
Current Action/Learning Plan	
Previous Action/Learning Plans (at least 2 cycles)	
Nursery/Foundation Stage Profile (Early Years children only)	
Family Support/CAF Support Plan	
Relevant documentation from non-educational services	
Relevant documentation from educational services	
Costed Provision Map	