



# Longford Park School

Believe • Belong • Become

## Initial Referral Form

### Instructions for Completion

- All Sections **must be completed in full** before the Outreach Service can start referral process.
- Please include **all** of the following:-
  - History of all Schools attended prior to enrolment at present school  
and if appropriate:
  - Contact details of the Educational Psychologist that has assessed pupil  
and any reports from other relevant professionals





**Longford Park School**

Believe • Belong • Become

# Initial Referral Form

Confirmation of receipt to be emailed to :  
\_\_\_\_\_

**1. Details of specific behaviours** (Refer to triggers, social setting, environment, etc.):

**2. What interventions have been used at the SA stage before referral?**

(Please attach copies of evaluated IEPs, PSPs etc. to show evidence of intervention by the school. Ideally there should be 2 phases of intervention at SA. The 2<sup>nd</sup> phase responds to the successes or failures of the 1<sup>st</sup> set of strategies.)

Strategy	Outcome

**3. Intervention strategies etc. attached:** IBPs  IEPs  PSPs  Other

**4. Give details of relevant health issues:**

**5. I give consent for this referral to be made for my child.**

Parental signature \_\_\_\_\_

Date \_\_\_\_\_

**Completed by:**

**Designation:**

**Date:**

**Other agencies involved and contact details**