



Longford Park School

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REFERRAL APPLICATION FOR STATEMENTED PUPILS

Instructions for Completion

- All Sections **must be completed in full** before the Outreach Service can start referral process.
- All pupils **must have** been referred to an Educational Psychologist before referral can be accepted.
- Please include **all** of the following:-
 - History of all Schools attended prior to enrolment at present school
 - 2 IEP's with behaviour targets or IBP's
- And if appropriate
 - Copy of Statement of Educational Need
 - Contact details of the Educational Psychologist that has assessed pupil and any reports.
- Completed forms and supporting documents must be posted to the school address above. If you wish for a confirmation of receipt to be sent by email please include the email address on the form.

REFERRAL APPLICATION FOR STATEMENTED PUPILS

Confirmation of receipt to be emailed to :

Date received by LPS _____

To be completed by school or other agency

| | | |
|--------------|-----------|----------|
| School Name: | | |
| Pupil: | Forename: | Surname: |
| DOB: | | |
| Year Group: | | |

| | |
|-----------------|---------------|
| Parent / Carer: | |
| Address: | |
| Tel. No: | Work Tel. No: |

| | |
|---|----------|
| Has the pupil been excluded since receiving a statement <i>(if yes please give full details – including previous exclusions)</i> | Yes / No |
| | |

| |
|--|
| Attendance / punctuality: |
| |
| |
| |
| Relationship with teachers / other adults: |
| |
| |
| Academic progress: |

Strengths:

Weaknesses:

N.C. Levels (Core subjects):

Health & Other agencies:

Any relevant health/medical issues:

.....

Other agency involvement:.....

.....

What level of support do they currently receive:.....

.....

Is there any other information which you consider to be relevant to this application?
e.g. LAC

.....

.....

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Completed by:

Date:

Parental Consent

Signature:

Date: