|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of referrer: | | | | | Job Title: | | | | | | |
| Referring School name and address: | | | | | Contact details:  Phone:  Email:  Preference: | | | | | | |
| Pupil name: | | | | Year Group: | | | D.O.B: | | | | |
| Number of pupils in class: | | | | Local Authority: | | |  | | | | |
|  | | | | | | | | | | | |
| Does the pupil have autism? | | | | | | | | Yes | | | No |
| Does the pupil have any diagnosis? | | | | | | | | Yes | | | No |
| If yes, please provide details: | | | | | | | | | | | |
| Does the pupil have an EHCP? | | | | | | | | Yes | | | No |
| If yes, please provide details of primary need: | | | | | | | | | | | |
| Do they have any additional funding? | | | | | | | | Yes | | | No |
| Do they have access to 1:1 support? | | | | | | | | Yes | | | No |
| Is the pupil known to CAMHS? | | | | | | | | Yes | | | No |
| If yes, please provide details in what capacity: | | | | | | | | | | | |
| Is the pupil known to Children’s Social Care? | | | | | | | |  | | |  |
| If yes, please provide details in what capacity: | | | | | | | | | | | |
| Has the pupil had any fixed term exclusions? | | | | | | | | Yes | | | No |
| If yes, please provide details: | | | | | | | | | | | |
| Are they at risk of permanent exclusion? | | | | | | | | Yes | | | No |
| Please tick behaviours seen over the last 6 weeks and score them 1-5 using the scale below:   1. Daily 2. 2-3 times a week 3. At least once a week 4. On more than one occasion 5. Once over the last six weeks | | | | | | | | | | | |
| Persistent disruption |  | Verbal and aggressive language |  | Physically aggressive towards peers |  | Physically aggressive towards adults |  | Stripping or behaviours impacting dignity | | |  |
| Smearing behaviours |  | Trashing and destructive behaviour |  | Self-exiting |  | Persistent task avoidance |  | Criminal activity | | |  |
| Other behaviours – please detail | |  | | | | | | | | | |
| Are parents aware the request has been made? | | | | | | | | | Yes | No | |
| Will the school be able to share records and other information needed? | | | | | | | | | Yes | No | |
| Will SLT or inclusion team lead be available on the day of the visit to meet with the Fast Responder for up to 2 hours? | | | | | | | | | Yes | No | |
| Will the Fast Responder be able to observe the pupil across a number of settings in line with the pupils timetable? | | | | | | | | | Yes | No | |

Print name: Signed: Date:

**For internal use only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received: | Processed by: | | Referral No. | | |
| Triaged by: | | | Date of Triage: | | |
| Activates Fast responder? | | | | Yes | No |
| Copy of feedback sent to applicant (Provide details) | | | | Yes | No |
|  | | | | | |
| Date SLA sent to school: | | Date SLA signed and returned: | | | |