

##  Request for Additional Support –Paving The Way

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| Name of pupil: |  |
| Year/Class Name: |  |
| Date of Birth: |  |
| Age: |  |
| Ethnicity: |  |
| Home Language: |  |
| Unique Pupil Number: |  |
| Pupil Address: |  |
| Parent/Carer Contact Number: |  |
| Parent/Carer Email Address: |  |
| GP Address: |  |

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| School: |  |
| School Address: |  |
| Name of School Contact: |  |
| Job Title: |  |
| Email:  |  |
| Contact number: |  |

**Pupil and school information:**

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| LAC (Looked after child) | Yes/No |
| PP (Pupil Premium) | Yes/No |
| CIN (Child in Need) | Yes/No |
| CP (Child Protection Plan) | Yes/No |
| Other Family Intervention | Yes/No |

**Please Specify:**

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| --- | --- |
| Does this child have a disability or diagnosis?Yes/No? | If yes, please specify: |
| Is there an EHAT currently open for this child?Yes/No? |  |
| Stage of SEN Code of Practice (where appropriate) |  |

**School Information:**

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| Briefly provide a description of the behaviours to warrant a referral: (Please describe the indicators around the criteria) |
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| Briefly describe the actions taken by the school to support the need(s), and the impact so far: |
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| What are you hoping the outcomes from the requested support to be? |
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| Details of other agency involvement, past and present. (For example EP,SALT,OT,EAL,FAMILY SUPPORT,CAMHS). Please provide the dates and outcomes of any previous agency involvement: |
| (Once the referral has been reviewed, you will be contacted to provide the reports of previous agency involvement before the referral is accepted onto the waiting list). |

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| Has the child received any fixed term exclusions in the past 3 months? (If yes please provide details of how many incidents) |
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| Signed (by school): |  |
| Date: |  |

**Parent/Carer Information:**

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| --- | --- |
| Comment from parent/carer: (Please note, where appropriate, reports may be shared with other professionals) |  |
| Has the parent/carer attended any parenting groups? | If yes, please specify: |
| Parent/Carer signature and full names: |  |

Please send referrals to:

Email: **earlyintervention@cognus.org.uk**

Address: Paving the Way, 24 Denmark Road Carshalton Surrey SM5 2JG

Telephone Number: 0208 770 4552

Please note: if any parts of the referral form are incomplete this will not be accepted and will be returned to the referrer.

**Admin use only:**

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| Date referral is received: |  |
| Confirmation e-mail sent to school: |  |
| Date referral is allocated: |  |