

Derbyshire Autism Outreach Service RESUME Referral Form

Personal Details:

Name of Pupil:				
Date of Birth:				
Year Group:				
School:				
Name and role of staff member completing form:				
Staff contact number:				
Staff email address:				
Date form completed:				
Gender:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Male</td> <td style="width: 33%; text-align: center;">Female</td> <td style="width: 33%; text-align: center;">Other</td> </tr> </table>	Male	Female	Other
Male	Female	Other		

SEND Code of Practice:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">None</td> <td style="width: 33%; text-align: center;">SEN Support</td> <td style="width: 33%; text-align: center;">EHCP</td> </tr> </table>	None	SEN Support	EHCP
None	SEN Support	EHCP		

In receipt of additional funding?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">TAPS</td> <td style="width: 33%; text-align: center;">GRIP</td> </tr> <tr> <td style="width: 33%; text-align: center;">EYIF</td> <td style="width: 33%; text-align: center;">Inclusion Fund</td> </tr> </table>	TAPS	GRIP	EYIF	Inclusion Fund
TAPS	GRIP				
EYIF	Inclusion Fund				
Other (Please state):					

Attendance %:		CIC?	
Part-time timetable?		Pupil Premium?	
Number of Fixed Term Exclusions?		Risk of Permanent Exclusion?	

Any other diagnosis?

Other Agencies Involved

Name:	Role/ Organisation:

Is the child or young person meeting age related expectations in the following areas?

Academic:		Social Interaction:	
Behaviour:		Engagement in Learning:	

Please indicate if you have completed the following activities:	Please tick:
Shared and implemented previous AO Plans with staff who are currently working with this child.	
Used the Graduated Response document to improve provision.	
Identified an Autism Advocate within your setting who has accessed AET training	
Carried out an Environmental Audit from the Derbyshire Sensory Processing Needs Toolkit.	
Created a Sensory Plan for this child using the Derbyshire Sensory Processing Needs Toolkit.	

Reasons for requesting to resume this referral:

Autism Outreach provides support to **school staff** for the following areas of need:

- Anxiety / Emotional regulation
- Sensory processing
- Social understanding and communication
- Flexibility, information processing and understanding

Reasons for requesting support:

What are your **priority outcomes** for the child with the support for the **school** from Autism Outreach?

Parent Carer Permission

Any parent / carer concerns or comments?	
Parental / carer permission for referral:	Yes No
Which member of staff was permission given to?	
Name of parent / carer:	
Parent / carer signature:	

Only complete applications will be considered by the service. We may offer signposting to supportive resources, training or caseload work.

Any supporting documents to be attached as **separate files** please.

1. Rename the completed referral form as:

830XXXX_AUTISMfaosuzannbanksryyyymmdd (XXXX – school DFE number)

2. Upload to AO via school secure area on Derbyshire SchoolsNet 'Perspective Lite'.

Any queries, please contact:

autism.outreach@derbyshire.gov.uk or call Suzann Banks, 01629 532512 (Mobile: 07500 127614)

For Office Use Only:

Date resumed referral received:	
Date school notified receipt resumed referral:	
Date inputted on AO referral spreadsheet:	
PSS Number:	
PSS & E File:	