

City of York Council
Specialist Teaching Team: Referral (Revised September 2017)

Making a Referral to the Specialist Teaching Team

Referrals must be made on the attached form and must be with the agreement of the child's parents or carers who must sign the form. Referrals will not be accepted without parental consent.

Referrals from schools or other educational settings must be from the SENCo or the Head teacher / Head of setting. Referrals from other staff will not be accepted.

Referrals directly from parents can not be accepted.

Because of the nature of support provided for children with either Vision Support needs or those that are Deaf, referrals to these services will only be accepted from specialist practitioners:

- Vision Support – referrals will only accepted from Health professionals – ophthalmologists, orthoptists, paediatricians. If parents or staff have concerns about a child or young person's vision they should contact the child's GP who will, if necessary, refer to the Ophthalmology Department at York Hospital who will then refer to the Vision Support team if the child meets the criteria for support.
- Deaf and Hearing Support – referrals will only be accepted from the Audiology Department at York Hospital. If parents or staff have concerns about a child or young person's hearing they should contact the child's GP who will, if necessary, refer to the Audiology Department at York Hospital who will then refer to the Deaf and Hearing Support team if the child meets the criteria for support.

It is important that referrals to the Specialist Teaching Team include as much information as possible about other support that the child or young person is receiving. For referrals to the Autism Team previous support must include attendance at Autism Awareness training and the use of autism friendly strategies in the CYPs classroom/setting. All referrals should include details of any existing support provided by other professionals, e.g. Portage Worker, Physiotherapist, Occupational Therapist, CAMHS Worker. Contact details for others involved should be provided. Where specialist reports are available these should be provided with the referral.

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For STT Office Use (Date and Initials)	Referral Received	To New Referrals	Passed to Team

1. Please cross the box(es) to indicate the team(s) that you are making a referral to:

Autism Support	Communication & Interaction	Deaf & Hearing Support	Physical & Health Needs	Vision Support	Home Tuition	Specific Learning Difficulty (Dyslexia)

Please refer to the Guidance Notes: 'Working with Children and Young People - Information for Schools, Settings, Parents and Carers' before completing this referral.

Please note that referrals for support from the Deaf and Hearing Support Team and the Vision Support Team can only be made by a health professional or parent, following specialist advice.

2. Who is the referral for

Child / Young Person's Name			
Date of Birth / Male / Female	(dd/mm/yyyy)	M	F
Home Address			
Post Code			

Does the Child / Young Person have a	My Support Plan	Yes / No
	Education, Health and Care Plan	Yes / No
Has a Family Early Help Assessment (FEHA) been completed?		Yes / No

3. The child's family contact details

Parents / Carers First Name(s)	
Parents / Carers Second Name(s)	
Home Telephone Number	
Mobile Number(s)	
Email Address	
Family Language	
Family Communication Needs	e.g. text only

4. Where the child or young person is currently supported

Name of School or Setting	
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5. Who is making this referral

Name	
Position / Role	
School / Setting or Address	
Contact Telephone Number	
Contact Email Address	

6. Who is already working with the child / young person

Please provide information about all those working with the child or young person and whether any reports are available.

Professional / Agency	Name	Contact Details	Report
Audiologist			
CAMHS			
School Wellbeing Worker			
Keyworker / Childminder			
Occupational Therapist			
Orthoptist			
Paediatrician			
Physiotherapist			
Portage Worker			
Pre-School Teacher			
Educational Psychologist			
Social Worker			
Family Support Worker			
Specialist Nurse e.g. Diabetes, Epilepsy, Enuresis			
Speech and Language Therapist			
Dietician			
Other			

7. What is the reason for this referral?

Please provide as much information as possible. Please include a description of the desired outcomes from the involvement of the Specialist Teaching Team.

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8. Describe the strategies that have already been used to support the child / young person before making this referral.

It is very helpful to know what has already been done to help the child / young person before making this referral. Please provide as much information as possible.

Please provide copies of reports from other professionals particularly with regard to diagnosis details .

9. How to submit the referral

Please return this referral form with any supporting reports and signed parental consent to:

Lynne Johns
Head of the Specialist Teaching Team
SEN Services
City of York Council
West Offices
Station Rise
York
YO1 6GA

or preferably by email to: Lynne.Johns@york.gov.uk

If returning by email please rename this file '*STT Referral Child's Name*'

Please mark the subject line of the email '*STT Referral Child's Name*'

If emailing reports from Health professionals, please email the referral form and health reports to the secure email address:

SENDept@york.gcsx.gov.uk

Please mark the subject line of the email '*STT Referral Child's Name*'

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10. Parental Consent

Referrals will not be accepted without parental consent

Information for Parents and Carers:

The Specialist Teacher will always try to let you know when they are going to visit your child, what they did and the advice that they gave your child's school / setting.

By signing this referral form you are giving your consent for the Specialist Teaching Team to:

1. Work with your child in his/her school or setting, or in your home or another setting for those children who are unable to attend school because of ill health.
2. Keep written and electronic records about the involvement of the Specialist Teaching Team with your child. All electronic records will be stored securely on the local authority's central IT systems and will be subject to the local authority's Data Protection arrangements.
3. Share information with other professionals who are working with your child, or for whom in the professional judgment of the member of the Specialist Teaching Team it would be appropriate to do so.
4. Take photographs and / or video recordings of your child for record keeping and assessment arrangements. Photographs will not be used for any other purpose without the additional consent of parents / carers (see below).

Please indicate whether you give your consent for your child's photograph to be taken for the following purposes.

No child or young person will be named in the use of these photographs.

For record keeping and assessments	Yes / No
To illustrate the use of a specialist piece of equipment	Yes / No
To describe the work of the Specialist Teaching Team	Yes / No
To illustrate a special project or event organised by the Team	Yes / No

Name of Parent / Carer	
Signature	
Date	