

## PDSS PUPIL REFERRAL & PARENTAL CONSENT

*Please return completed form PDSS manager at your designated PDSS school (see map)*

### **PARENTAL PERMISSION MUST BE OBTAINED PRIOR TO REFERRAL**

NAME OF PUPIL: ..... DOB: ..... M/F: .....

HOME ADDRESS: .....

.....

HOME TELEPHONE: .....

PARENT/CARER: .....

SCHOOL: ..... HEADTEACHER: .....

TELEPHONE: ..... EMAIL: .....

SCHOOL CONTACT: ..... SCHOOL YEAR: .....

IS THE CHILD DESIGNATED LOOKED AFTER? Yes / No (please delete)

CURRENT STAGE ON CODE OF PRACTICE? Not Applicable / SEN Support / Under Assessment / Statement / EHC Plan (please delete)

WHAT IS THE CHILD'S CURRENT ACADEMIC LEVEL/ATTAINMENT .....

**PLEASE GIVE A BRIEF OUTLINE OF THE REASONS FOR REFERRAL (INCLUDING DIAGNOSIS IF AVAILABLE), PRIORITIES FOR SUPPORT AND INTERVENTION OR PROVISION PLANNING**

**NUMBER OF HOURS PER WEEK OF LEARNING ASSISTANT SUPPORT CURRENTLY IN PLACE** .....

**ARE THERE ANY OTHER ADDITIONAL RESOURCES ALREADY PROVIDED FOR THIS PUPIL?**  
eg. AEN, specialist equipment, building adaptations

**SPECIFIC DETAILS**

What specific difficulties are apparent in working with the child within the classroom setting?	
What is the frequency and timing of these difficulties?	
What particular difficulties are apparent in the whole school environment?	
What specific strategies do you already employ in working with the child?	

**ARE OTHER PROFESSIONALS ALREADY INVOLVED? (please name)**

Educational Psychologist		SENSS	
HISS / VISS		KLC / PDSS	
Autism Outreach		Health Professionals	
Families First Local Support Team		Other individuals or agencies (please specify)	

**What is your desired outcome for PDSS involvement/support?**

**Signed** ..... **(Headteacher)**

..... **(SENCO)** ..... **Date**

Please send a copy of this referral form and any supporting evidence that may be helpful eg. IEP, medical report etc.

*For office Use only*

<b>Date of Referral:</b>	
<b>Logged onto ONE:</b>	

**Permission from: Parent / Carer / Guardian / person with Parental Responsibility:**

Surname: <i>(please use legal name)</i>		Forename:	
Chosen Surname: <i>(if different from above)</i>		Chosen Forename: <i>(if different from above)</i>	
Date of Birth:		Current Year group:	
Parent(s) name:		Telephone:	
Address:			
Postcode:			
Current educational placement:			
<b>Details of those with Parental Responsibility for Involvement</b>			
Title(s) and Surname(s)	Address & Telephone Number (if different from above)		Relationship to the Pupil (eg Parent(s), Step-parent)
<p>By signing this form I confirm that I have parental responsibility and consent to allow a PDSS Officer from Staffordshire County Council to work with the above child.</p> <p>I understand that:</p> <ul style="list-style-type: none"> <li>◆ They may share the information they gather with other staff within the County Council and the commissioned facilitator Entrust.</li> <li>◆ Such information may be kept in a secure electronic file.</li> <li>◆ If I wish to see the information held I need to contact the relevant PDSS. I will then be told how I can access this information.</li> </ul> <p>When appropriate staff have a legal duty to share information with other agencies</p>			
Signed PDSS Officer		Signed Parent	
PDSS Officer Name		Date	

**Map of Staffordshire Showing Physical Disability Support Teams' Areas of Responsibility (by PDSS)**



**Contact Details**

Key Learning Centre	Headteacher	PDSS Contact	Phone	Email
<b>Saxon Hill</b> Kings Hill Rd, Lichfield WS14 9DE	Jon Thickett	Lyn Court	01543 510615	office@saxonhill.staffs.sch.uk
<b>Blackfriars</b> Priory Rd, Newcastle ST5 2TF	Alison Parr	Ruth O'Connor	01782 297780	roconnor@bcfederation.co.uk
<b>Horton Lodge</b> Rudyard, Leek ST13 8RB	Jane Dambach	Claire Smith	01538 306214	office@hortonlodge.staffs.sch.uk
<b>Greenhall</b> Second Avenue Holmcroft, Stafford ST16 1PS	Jo Di Castiglione	Jo Do Castiglione	01785 246159	office@greenhall.staffs.sch.uk

