**REQUEST FOR INVOLVEMENT FROM SPECIAL EDUCATION NEEDS & INCLUSION SERVICES (0-25)**

For guidance, please refer to the **‘Request for involvement (RFI) guidance and information’** at the end of this referral document.

Once completed, send this form to [inclusion-referrals@peterborough.gov.uk](mailto:inlcusion-referrals@peterborough.gov.uk) . You will receive an automated response to confirm receipt.

If your request is urgent, please email [sen.inclusion@peterborough.gov.uk](mailto:SenandInclusion@Peterborough.gov.uk)and cc in the relevant manager.

**\*MANDATORY FIELDS (MUST BE COMPLETED)**

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| **Please indicate with an X which service(s) you are requesting\*:** | | | |
| **ADHD** |  | **Deaf support** |  |
| **Autism** |  | **Multi-sensory impairment** |  |
| **Early Years SEND Specialist and Portage Service** |  | **Physical Disabilities** |  |
| **Local Area SENI Support (LASS) Service** |  | **Vision impairment** |  |

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| **Child’s / Young person’s key details:** | | | |
| **Child’s / Young person’s name\*:** | |  | |
| **Date of birth\*:** |  | **Education year group:** |  |
| **Sex:** | F M | **Ethnic background (or prefer not to say):** |  |
| **Child in care:** | YES NO | **If yes, name of social worker:** |  |
| **EHCP in place** | YES NO | **EHA completed** | YES NO |
| **Language spoken at home:** | |  | |
| **Child/ Young person’s address:** | |  | |
| **Parent/carer’s address if different:** | |  | |
| **Telephone number of person(s) / adult with parental responsibility:** | |  | |
| **Contact details of Young Person:** | |  | |
| **Parent/carer’s email address:** | |  | |
| **Parent / Carer’s preferred contact:** | | Phone Email | |

**Physical signatures are required to comply with our GDPR**

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| **Parents / Carers/ Young Person’s consent:**   * *I give my permission for this information, included in this referral, to be shared with Special Educational Needs and Inclusion (SENI) Services.* * *I agree for the professionals involved in this referral to seek and share information with relevant agencies (including medical information) to ensure the right support is implemented by the right services in the right manner. These services may include, but not limited to, SALT, OT, ophthalmology and audiology.* * *The information contained within this referral will be used in accordance with the Data Protection Act 1998 and other relevant legislation. Peterborough City Council’s commitment and responsibilities can be found at:* [*http://www.peterborough.gov.uk/council\_and\_democracy/data\_protection\_act\_1998.aspx*](http://www.peterborough.gov.uk/council_and_democracy/data_protection_act_1998.aspx) | |
| **\*Child/Young Person’s signature to give consent if over the age of 16-years-old:** |  |
| **\*Parent/ Carer’s signature to give consent** |  |
| **\*Parent(s) / Carer(s) full name (printed)** |  |
| **Parent(s) / Carer(s) email**  (*by providing an email, you give consent for PCC to share correspondence with you electronically)* |  |

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| **Referrer details** | |
| **\*Name and Role of person making the request (please print):** |  |
| **\*Phone number and email address of the person making the request:** |  |
| **\*Service/Education setting** (Health professional/nursery/school/college)**:** |  |
| **\*Signature and role of Senior Leader.**  For non- school settings Service Manager or Lead practitioner. |  |
| **Date of request:** |  |

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| **For LASS, I have included the following documents (please note without these your referral may be returned)** | |
| Most recent APDR (3 if possible) |  |
| 1 page profile (or equivalent) |  |
| Current academic attainment levels |  |

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| **\*Nature of Special Educational Needs and / or Disabilities, including any diagnosis if known.** |
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| **\*Use this box to explain why this request is being made. What support are you seeking, and what do you want the impact of our involvement to be.** |
| **What have you put in place already?**  **Why are you requesting involvement?**  **What are your desired outcomes for our involvement?** |

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| **Child/ young person’s views** |
| **What is important to you?**  **What is working well?**  **What are you worried about or would like more help with?** |
| **Parent/ carer views** |
| **What is important to your child/ young person?**  **What is working well for your child/ young person?**  **What is your child/ young person worried about or what would they like more help with?** |

**Please note which services have been involved with this child / young person:**

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| --- | --- | --- | --- | --- |
| **Service** | **Involved** | **Information attached** | **Dates of involvement** | **Name of service contact** |
| *Please tick* | |
| Audiology |  |  |  |  |
| Autism / ADHD Advisory Teaching Service |  |  |  |  |
| Behaviour and Inclusion Team |  |  |  |  |
| Child and Adolescent Mental Health Service (CAMHS) |  |  |  |  |
| Child Development Centre |  |  |  |  |
| Community Paediatrician |  |  |  |  |
| Early Help Assessment |  |  |  |  |
| Early Support |  |  |  |  |
| Early Years Specialist SEN and Portage |  |  |  |  |
| Educational Psychology |  |  |  |  |
| Health assessments |  |  |  |  |
| Health visiting team |  |  |  |  |
| Local Area SENI Support (LASS) |  |  |  |  |
| Occupational therapy |  |  |  |  |
| Ophthalmology |  |  |  |  |
| Portage Service |  |  |  |  |
| Physiotherapist |  |  |  |  |
| School Nursing |  |  |  |  |
| SEND Partnership Service |  |  |  |  |
| Social Care services |  |  |  |  |
| Specialist hospital |  |  |  |  |
| Specialist Paediatrician |  |  |  |  |
| Sensory and Physical Support Service (SAPS) |  |  |  |  |
| Speech and Language Therapy Service (SALT) |  |  |  |  |
| Statutory Assessment and Monitoring Service |  |  |  |  |
| Other |  |  |  |  |

**For setting information only and is not required to be returned.**

**Request for involvement (RFI) guidance and information for settings**

This guidance is set out in the format of frequently asked questions from the point of view of someone making the referral for involvement.

***How do I know who to send a referral to?***

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| **On the form it says:** | **Criteria for a referral to this team:** |
| ASD/ ADHD | This is the Autism Advisory Teaching Service (AATS). The child/ young person will have a diagnosis of ASD or ADHD (unless they are on the neurodevelopment pathway and an RFI has been agreed by the service manager). |
| Early Years SEND specialist and Portage Service | This is a pre-school service for children 0-4yrs, with complex developmental needs that are not yet attending a pre-school setting. The service works in partnership with parents.  *Please note if you require support in your Early Years settings, you will need to complete an RFI and forward it to the Early Years and childcare Service, for contact with the Early childhood Specialist for Inclusion team.*  [*Peterborough Early Years and Childcare*](https://learntogether.peterborough.gov.uk/early-years-and-childcare) |
| Local Area SENI Support (LASS) Service | This service is for all children/ young people with SEND when existing school-based knowledge has been exhausted and support is needed for a variety of need. If the referral is agreed, LASS will discuss and potentially observe the child/ young person to make further suggestions for support not yet in place. |
| Deaf support,  multi-sensory impairment,  physical disability,  vision impairment | This is the Sensory and Physical Service (SAPS)  The Vision Impairment Team can support children and young people (0-25) who have a medically diagnosed vision condition that is not correctable by glasses.  The Deaf Support Team can support children and young people (0-25) who have a medically diagnosed hearing loss/deafness.  The Multi-Sensory Impairment Team can support children and young people (0-25) who have combined vision and hearing impairment.  The Physical Disability Team can support children and young people (of school age or transitioning to school) who have a long term and substantial physical disability.  For further guidance on who can be referred, and some basic support strategy information please visit Sensory and Physical Support Service webpage - Sensory and Physical Support Service  *Only one referral is necessary for SAPS as these cases are ongoing.* |

***What should I include when I make a referral?***

Indicate which service you are requesting; you can request more than one service if this is relevant.

The more information available on the RFI form means that if the referral is agreed, then the best person on the team will support for the reasons you are requesting involvement. This is the case for all services.

For the **LASS team**, we request further documentation to be sent in at the time of an RFI including:

* Most recent APDR (3 if possible)
* 1 page profile (or equivalent)
* Current academic attainment levels

Please say clearly what support your setting is seeking.

This form must be signed by the parent/carer/young person. In order to comply with GDPR this is essential.

This form must be signed by a senior manager from the setting.

If relevant signatures are not provided, this will result in the form being returned to you.

If there is information in another format, such as education setting assessment reports, letters confirming diagnoses - please attach these if relevant.

This form requests the child/ young person and the parent/carer voice.

***How long until we receive support?***

The request will be reviewed and discussed by members of the SEN and Inclusion Services Management Team. Meetings to discuss requests happen fortnightly during term time. These meetings are held to discuss and feedback the best support moving forward.

Due to the high number of RFIs we receive each week, it may be that an immediate response isn’t possible, however a member of the team will be in touch as soon as we are able. We aim to respond with an outcome of your request within 3 working days of a meeting.

Once your RFI has been discussed these are some of the possible responses to your request:

* Allocation to Specialist Teaching Services/ Portage team (this may result in a visit or a telephone consultation).
* Other advice may be given such as, signposting to other relevant services including the SEND Hub network.
* Request for further information if insufficient detail is included in your request and the nature of support required is unclear.

***Who do I send this form to?***

Send this form to [inclusion-referrals@peterborough.gov.uk](mailto:inclusion-referrals@peterborough.gov.uk) . You will receive an automated response to confirm receipt.

If your request is urgent, please email [Sen.Inclusion@peterborough.gov.uk](mailto:Sen.Inclusion@peterborough.gov.uk) and cc in the relevant SENI service manager.

|  |  |
| --- | --- |
| Service | Service manager |
| ASD/ ADHD (Autism Advisory Teaching Service) | Claire Nunn  [claire.nunn@peterborough.gov.uk](mailto:claire.nunn@peterborough.gov.uk) |
| Early Years SEND specialist and Portage Service | Sarah Bernard  [sarah.bernard@peterborough.gov.uk](mailto:sarah.bernard@peterborough.gov.uk) |
| Local Area SENI Support (LASS) Service | Gemma Mead  [gemma.mead@peterborough.gov.uk](mailto:gemma.mead@peterborough.gov.uk) |
| Deaf support, multi-sensory impairment, physical disability, vision impairment (Sensory and Physical Service) | TBC |

***Will a text signature be sufficient?***

We will need a physically signed copy from both a senior leader in the setting and a parent. Please make sure this is completed as otherwise it can delay the case being heard.

SAPS is the only service which will only need 1 signed RFI. Other services require a signed RFI for each piece of support.

***Am I able to submit an evaluation after RFI work has been completed?***

Yes, each service has a form which can be completed to submit an evaluation after RFI involvement has concluded. This enables us to measure the impact of our involvement. A link to each is below:

ASD/ ADHD (Autism Advisory Teaching Service) – a survey will be sent out to settings once a year in the summer term.

[Early Years SEND Specialist and Portage Service 23/24 evaluation survey](https://www.surveymonkey.co.uk/r/3LMYD8Z)

[Local Area SENI support (LASS) Service 23/24 evaluation survey](https://forms.office.com/e/sSxxHZcH1x)

Sensory and Physical Service 23/24 evaluation survey - a survey will be sent out to settings once a year in the summer term.