|  |  |
| --- | --- |
| Accepted | Not Accepted |

**REFERRALS MUST BE ACCOMPANIED BY:**

* **Current IEP /CSP/ Child’s Plan**
* **Representative samples of work (paper copies, digital, photos, video)**
* **Copies of relevant reports from SLT/ OT/ Ed Psych**

**Once the referral has been approved, all digital copies to be emailed to info@callscotland.org.uk clearly titled with client name and school.**

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil name |  | Date of referral |  |
| Date of Birth |  | School year at referral |  |
| Local authority |  | Referral has been agreed by Education Officer |  |
| Does the pupil have a Coordinated Support Plan? (yes / no) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer |  | Referrer designation |  |
| Referrer address |  | Referrer phone |  |
| Postcode |  | Referrer email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School / Centre |  | Head Teacher |  |
| School address |  | School phone |  |
| Postcode |  | Head Teacher email |  |
| Who should CALL contact about the referral? | | | |
| Referrer | Head Teacher | Other (who & role) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer(s) |  |  |  |
| Home address |  | Home phone |  |
| Postcode |  | Home email |  |
| Aware & agrees with referral? | | | |

# Team members involved with the pupil. Please tick those who are informed / aware of the referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aware?** | **Name** | **Address** | **Phone** | **Email** |
| Principal Teacher  ASN |  |  |  |  |
| Class Teacher |  |  |  |  |
| ASL Assistant |  |  |  |  |
| ASL Teacher |  |  |  |  |
| VI / HI Teacher |  |  |  |  |
| Educational  Psychologist |  |  |  |  |
| Quality Improvement / Education Officer  ASL |  |  |  |  |
| Speech & Language  Therapist |  |  |  |  |
| Occupational  Therapist |  |  |  |  |
| Physiotherapist |  |  |  |  |
| Social Worker |  |  |  |  |
| Other(s) |  |  |  |  |

# Child's Additional Support Needs arise from (tick all that apply).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Autism Spectrum Conditions |  |  | Mild / moderate physical disability |  |
| Speech, Language or Communication Needs |  |  | Severe / complex physical disability |  |
| Mild / moderate learning difficulty |  |  | Visual Impairment |  |
| Severe / complex learning difficulty |  |  | Hearing Impairment |  |
| Dyslexia / specific learning difficulty |  |  | Family circumstances |  |
| Social, Emotional and Behavioural Difficulties |  |  | Learning environment |  |
| English as an Additional Language |  |  | Other, please specify: |  |

# Outcomes (tick all where you wish assistance).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Augmentative and Alternative Communication (AAC)** |  |  | **Assistive Technology for:** |  |
| social communication skills |  |  | reading |  |
| low tech, e.g. printed symbols |  |  | writing or recording |  |
| high tech, i.e. communication aid |  |  | numeracy |  |
| **Alternative access** |  |  | participation and control e.g. cause and effect |  |
| e.g. keyboard, mice, switches, eye-gaze |  |  | **Teaching and learning strategies** |  |
| **Personalised resources** |  |  | **Teaching and learning software / apps** |  |

# State your priorities and aims for this referral to CALL.

# Describe how the pupil’s additional support needs affect access to the curriculum.

# Describe how the pupil’s additional support needs affect personal communication and participation (if appropriate).

# Describe any technology or strategies already tried and how they have worked (or not).

# Curriculum Level (as a rough guide for CALL).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pre-early | Early | First | Second | Third | Fourth | Senior |

|  |  |  |
| --- | --- | --- |
| For Local Authority ApprovalSend to: Laurie Black **Email: laurie.black@argyll-bute.gov.uk** | **Once approved return to:** | **CALL Scotland**, University of Edinburgh  Paterson’s Land, Holyrood Road  Edinburgh, EH8 8AQ  Tel: 0131 651 6236,  [info@callscotland.org.uk](mailto:info@callscotland.org.uk)  ***We do not accept responsibility for unencrypted files sent to this email address*** |

For Office Use: CSP Contribution  Parental  Date Received: