|  |  |
| --- | --- |
| [ ]  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 Approval Send 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 ***We do not accept responsibility for unencrypted files sent to this email address*** |

For Office Use: CSP Contribution [ ]  Parental [ ]  Date Received: