

An NAS Accredited Service and Professional
Excellence Award Winners 2014



The panel considered the Working Together Team to be an all
empowering, all positive effective service"

NAS Accreditation panel 2016



Lincolnshire Autism, Social Communication and SEND
Outreach Service

Referral to service

Name:	
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- To be completed by school/academy, family and young person, **following discussion with your WTT specialist teacher.**
- Please read in conjunction with Working Together Team "Roles and Responsibilities" document. By signing you are agreeing to working together.
- Please ensure **all** information is completed prior to submission to panel
- To ensure equity of provision, we operate a central referral system. See details on the back of this booklet.

Please tick which is appropriate. This referral is:

A new referral to the service

A re-referral to the service (the young
person has had previous WTT involvement
but not in the last 2 years)

Young Person's details

Full name:

Date of Birth:

School attended:

Diagnosis:

Do any of the following apply? (please circle as appropriate)

Looked after	TAC	Child Protection	ESCO
Child in Need	EAL	Safeguarding	EHC plan in place / EHC needs assessment requested

Reason for referral:

Consider the following questions when providing your reason:

How is referral to WTT going to support the child/young person, the setting and the community?

What support do you need from WTT?

Please note that the **school/academy** must be asking for support for the referral to be considered at panel.

Family information

Important people in young person's life:

Siblings:

Special interests:

Routines:

Eating:

Personal Care:

Medical:

Behaviour:

Sleep:

Going out:

Sensory and/or physical needs:

Communication:

History of support received:

Training attended and impact of this:

Current training/support needs:

Contact details for parents/guardians:

Name:

Address:

Phone:

Best time to call:

Email address:

School Information

Academic progress information/concerns:

(eg Core subjects over the last 3 terms)

Other support agencies involved? (please attach most recent reports)

Evidence of the assess, plan, do review, graduated approach (please attach)

Key contact for school:

Email address:

Availability of contact:

(What days and times are preferable?)

School current AIM4Lincs status

Awarded with dates/Looking to submit for...../Not submitted/Not achieved

*By working with WTT you are agreeing to work within AIM4Lincs standards.

WTT will support you towards the award. For more information contact

aim4lincs@gosberton-house.lincs.sch.uk

Young person's strengths

Young person's differences (areas to develop)

How are you using the key messages from the Autism Education Trust Schools programme to support intervention and how is this impacting? Please complete table below (Tier 1 essential)

Tier 1: Making Sense of Autism: 90 minutes whole school

Key message	Support in place	Impact
Identify the four key areas of difference that need to be taken into account		
Know the importance of understanding the individual pupil and their profile of strengths and areas for development		
Identify the key areas to help pupils on the autism spectrum build positive relationships with staff, peers, families and people in their community		
Develop an awareness of the sensory and communication differences that pupils may experience		

Tier 2: Good Autism Practice: 6 hours for frontline staff supporting young people with Autism

Key message	Support in place	Impact
Understanding Autism		
Meeting the needs of		

individual pupils		
Partnership working		
Inclusive practice		
Delivering an effective curriculum		
Good Autism Practice		
Emotional and communication environment		
Physical and sensory environment		

Further training requirements:

What CPL/CPD do you need to be able to support these needs within your setting in the future?

How well, as a setting, do you feel you are meeting this CYP needs?

0 1 2 3 4 5 6 7 8 9 10
 Not at all Completely

If your score is lower than 8, please explain why you feel this way

Young Person's Views

My name is

People who are important to me

At home I like

At home I don't like

At school I like

At school I don't like

I am good at

I find these things hard

I would like help with

My hopes for the future

Other things you should know about me:

Suitable day/time when both staff and family are available to meet:

Signed: Parent/guardian _____ Date _____

Signed: SENCo _____ Date _____

Signed : Headteacher _____ Date _____

Signed: Young Person _____ Date _____

(if appropriate)

Please return this form to:

Working Together Team c/o Gosberton House Academy, 11 Westhorpe Road,
Gosberton, Spalding, Lincs PE11 4EW

Once received, the referral will go to the next panel meeting and emails will be sent out with next steps.

Additional Information