

High Incidence Needs Team (HINT) **Referral Form**

Pupil Name:

Date of Birth:

School/Setting:

Sex: M F

NC Year Group:

Unique Pupil number:

SENCo:

Class Teacher:

Has a CAF been completed? (If yes please attach): Yes No

Does the child have a statement of SEN/Single Plan? (If yes please attach) Yes No

Looked After Child? Yes No

**Email confirmation will be sent on receipt of referral.
If you have not received this within two weeks, please contact Business Support Team.**

AREA FOR ASSESSMENT:

Communication and Interaction

i.e. Speech, Language and Communication Needs
ASD including Asperger's syndrome and Autism

Cognition and Learning

i.e. Moderate Learning Difficulties,
Specific Learning Difficulties including dyslexia

Physical difficulties and medical needs

Not known/unclear

Please indicate below any other services involved with this child

Service/Team	Professional	Contact number
Educational Psychology		
Occupational Therapy		
Speech and Language Therapy		
Other Health		
Other Education		
EYAIT (Early Years Assessment and Intervention Team)		

Please indicate current levels of attainment

Speaking and listening

Reading

Writing

Mathematics

Current Assessment Information; must be completed for Specific Learning Difficulties referrals

	Result/Score	Test Used	Date of Test
Reading Age			
Spelling Age			
High frequency words (Reading)		N/A	
High frequency words (spelling)		N/A	

Confidence/Self Esteem

Barriers to Learning

Additional in-school support

Main strengths (e.g. mathematical, creative skills, sport, general knowledge and / or oral skills)

Main outcome to be addressed by HINT involvement

General Information

If this referral relates to a physical difficulty only, please complete the section on the next page.

- | | | | |
|---|--|-----|----|
| 1 | Is the child known to speech and language therapy? | Yes | No |
| 2 | If yes, please give name of SALT | | |
| 3 | Does the child have adequate hearing acuity? | Yes | No |
| 4 | Does the child have a diagnosis of Autism?
(If yes, written evidence of diagnosis must be attached) | Yes | No |
| 5 | Does this child have any other medical conditions relevant to this referral? | Yes | No |
| 6 | If yes, please specify: | | |

Receptive Language – Listening

- | | | | |
|---|---|-----|----|
| 1 | Attends to class/large group discussion. | Yes | No |
| 2 | Attends to small group (3/4 children) discussion. | Yes | No |
| 3 | Listens to group stories. | Yes | No |
| 4 | Learns and retains songs, rhymes and poems etc. | Yes | No |
| 5 | Is aware of sounds in words (e.g. appreciates rhyme and can play 'I spy' etc.). | Yes | No |

Receptive Language – Understanding

- | | | | |
|---|--|-----|----|
| 1 | Carries out simple instructions (given individually or to group). | Yes | No |
| 2 | Carries out instructions involving two tasks e.g. Do X and Y. | Yes | No |
| 3 | Shows an understanding of stories read aloud. | Yes | No |
| 4 | Understands simple wh- questions such as Where? What is this? Who? etc. | Yes | No |
| 5 | Follows directions involving spatial vocabulary etc. (on, inside, behind, next to, first etc.) | Yes | No |
| 6 | Understands topic vocabulary. | Yes | No |

Expressive Language – Speech

- | | | | |
|---|--|-----|----|
| 1 | Intelligible to a stranger. | Yes | No |
| 2 | Speaks fluently with few hesitations. | Yes | No |
| 3 | Makes attempts to communicate by non-verbal means. | Yes | No |

Expressive language – Vocabulary/Sentence Structure

- | | | | |
|---|--|-----|----|
| 1 | Intelligible to a stranger. | Yes | No |
| 2 | Speaks fluently with few hesitations. | Yes | No |
| 3 | Uses long/complex sentences. | Yes | No |
| 4 | Tells others what to do. | Yes | No |
| 5 | Conveys verbal messages. | Yes | No |
| 6 | Is able to describe a sequence of events in reasonable order
e.g. a recent past experience. | Yes | No |
| 7 | Retells stories and can say what will happen next. | Yes | No |
| 8 | Uses language to reason, compare and classify explain cause and effect (why/because). | Yes | No |

Social Use of Language

- | | | | |
|---|---|-----|----|
| 1 | Forms relationships with children/adults. | Yes | No |
| 2 | Plays with other children in a co-operative manner. | Yes | No |
| 3 | Is confident / receptive to new experiences. | Yes | No |
| 4 | Is able to take turns. | Yes | No |
| 5 | Conforms to expected standard of behaviour in class/playground. | Yes | No |

Behaviour

- | | | |
|--|-----|----|
| 1 Shows interest in interacting with peers. | Yes | No |
| 2 Is socially appropriate. | Yes | No |
| 3 Is able to follow teacher/adult/class agenda. | Yes | No |
| 4 Is rarely upset e.g. angry or overly anxious. | Yes | No |
| 5 Tolerates change and shows flexible behaviour. | Yes | No |
| 6 Fine and gross motor skills are age appropriate. | Yes | No |

Approach to learning

- | | | |
|--|-----|----|
| 1 Is an active learner. | Yes | No |
| 2 Is confident with school work. | Yes | No |
| 3 Shows appropriate control towards tasks. | Yes | No |
| 4 Is aware of difficulties. | Yes | No |
| 5 Engages with tasks. | Yes | No |
| 6 Works independently. | Yes | No |

Specific Learning Difficulties

- | | | |
|--|-----|----|
| 1 Phonological awareness linking into reading/spelling/segmenting and blending. | Yes | No |
| 2 Is able to follow oral instructions. Appropriate short term memory. | Yes | No |
| 3 Free writing reflects verbal ability. | Yes | No |
| 4 Sequences thoughts and ideas when planning, structuring and recording written work. | Yes | No |
| 5 Appropriate handwriting and cutting skills. Able to track text when reading and copying writing from board or worksheet. | Yes | No |
| 6 Letters and numbers correctly orientated. | Yes | No |
| 7 Able to process spoken and/or written language without delay. | Yes | No |
| 8 Acquires phonic skills, to aid reading and spelling. Plausible attempts at spellings. | Yes | No |
| 9 Sequences information such as days, months, alphabet, times tables. | Yes | No |
| 10 Appears alert, able to concentrate and focus on activities. Retains information. | Yes | No |
| 11 Connected speech is clear, with multi-syllabic words correctly pronounced. | Yes | No |
| 12 Understands concept of time e.g. knows about timed events throughout the day. | Yes | No |

Please complete the section below for physical/medical referrals only.

- | | | | | | |
|--|-----|----|------|--|--|
| 1 Is your referral for a Physical or Medical need? (Or both?) | P | M | Both | | |
| 2 Does the child have any formal diagnosis? | Yes | No | | | |
| 3 If yes, please specify: | | | | | |
| 4 Please highlight the area(s) for which you require assessment and recommendations: | | | | | |
| • Physical Adaptations to building/setting environment | Yes | No | | | |
| • Specialist Equipment | Yes | No | | | |
| • Adaptive Technology/ICT | Yes | No | | | |
| • Personal Care/Toileting | Yes | No | | | |
| • Care Plans | Yes | No | | | |
| • Needs specific to the child's medical condition e.g. Epilepsy, Medication etc. | Yes | No | | | |
| • Other (please state): | | | | | |
| 5 Please give a brief description of the impact the child's physical/medical needs has on his or her placement in their education setting: | | | | | |

Additional information (please use the area below to provide any additional information)

Referrer details

Referrer's name:

Setting:

Position (*SENCo, class teacher etc*):

Contact number:

Email address:

Once completed, return this form and any documents listed on the checklist on the last page to:

SENIT Business Support Team, Gateshead Council,
Dryden Centre, Evistones Road, Gateshead NE9 5UR.

Or by email to: beverleymurphy@gateshead.gov.uk (using a secure system) or
SENITsupportteam@gateshead.gov.uk (internal Gateshead system users only)

If you have any queries, contact the team on 0191 433 8513.

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High Incidence Needs Team (HINT)

Checklist of Documents to attach (where appropriate):-

CAF Front Sheet

Other Professionals Reports

Statement / Single Plan

Written diagnosis of Autism (ASC referrals only)

Parental Consent Form

Piece of free, unaided writing (SPLD referrals only)