

Gateshead 0-4 Referral Meeting

Please read the following before completing this form:

- This is the referral form for Gateshead 0-4 children with special educational needs and disabilities.
- The information will be discussed at fortnightly meetings (term time only) attended by professionals from teams within Education, Health and Social Care.
- All professional contact information must be completed **IN FULL**.
- All required information **MUST** be provided.

Please return electronically using secure email. Receipt of referrals will be acknowledged by secure email to the referrer. If you have not received an acknowledgment within two weeks, please contact the team on 0191 433 8734.

Email: 0-4referral@gateshead.gov.uk

Child's details

Child's name

Date of birth

Address

Postcode

People with parental responsibility

1. Name

Relationship to child

Contact number

Address *(if different to child)*

Email address

2. Name

Relationship to child

Contact number

Address *(if different to child)*

Email address

Child's NHS number *(if known)*

GP name and surgery

Unique pupil number *(if known)*

Looked After Child? Yes no

If CAF has been completed, date of next TAF meeting

Referrer's details

Referred by

Agency/setting

Position (SENCo, Health Visitor, etc.)

Telephone number

Email

Address

Education/childcare setting details (if applicable)

Setting name

Address

Postcode

Telephone number

Email

Name of Area SENCo

Please summarise development over time, interventions and the impact they have had in the areas of Personal, Social and Emotional Development, Language and Communication, and Physical Development.

Please list all professionals involved, including email address and phone number.

Please comment on the following areas, if relevant to the referral

Brief details of birth history (pregnancy, labour, delivery, birth weight and gestation)

Any significant health issues and investigations

Any significant family history information

Vision and hearing

Any other comments/supplementary information. This should include information about support for other members of the family and any existing lone working procedures.

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Parental Consent Form

To comply with GDPR legislation please make sure you have read the referral form and any additional documents and give informed written consent to share information with all services who attend the meeting.

Please tick to confirm the information on this referral can be shared with these services. Consent must be given to share with all services who attend the 0-4 Referral Meeting.

Special Educational Needs Inclusion Team
(Specialist Teachers, Teaching Assistants, Portage workers, Habilitation Specialist and Specialist Speech and Language Therapist, as appropriate to your child)

Area SENCo

Educational Psychology Service

The Growing Healthy Gateshead 0-19 service

Early Years Childcare service

Children with Disabilities Team

Child Development Team
(Consultant Paediatrician, Physiotherapist, Speech and Language Therapist, Occupational Therapist, Dietician and Specialist Teacher/Portage, as appropriate to your child)

Please tell us about your specific concerns

What difference do you hope the referral will make for your child?

Home language:

Do you need an Interpreter?

Yes

No

I/we give permission for this referral to be submitted to the 0-4 Referral Meeting.

I/we understand that the information recorded on this form will be stored and used only for the purpose of providing a service to a child for whom I/we have parental responsibility.

I/we have seen the parent/carer information leaflet.

Person 1

Name

Relationship to child

Signature

Date

Person 2

Name

Relationship to child

Signature

Date

Checklist - supporting documents you must include with this referral

NOTE: The referral will not be considered unless **ALL** relevant documents and signatures are included.

A copy of the CAF (if applicable)

A copy of any health assessments eg schedule of growing skills, ASQ, ASQse (if applicable)

A copy of the EYFS progress check for children between two and three years (if applicable)

Any written record of the child's progress and next steps

Copies of reports from any other professionals involved with this child