

High Incidence Needs Team (HINT) Referral Form

Pupil details:

Pupil Forename:

Does the child wear glasses? Yes No

Pupil Surname:

Does the child have current or previous hearing loss? Yes No

Date of Birth: Sex: M F

Does the child have any formal diagnosis or are they awaiting/undergoing any physical or medical assessment? Yes No

NC Year Group:

Unique Pupil Number:

If yes, please attach diagnosis letter or referral.

Is the pupil a Cared for Child? Yes No

Does the child have an EHCP or has an EHCP referral been submitted? Yes No

Is there an active TAF? Yes No

If yes, please attach current EHCP or referral.

Contact details for TAF lead practitioner:

Referrer details:

School/Setting:

SENCo's name and email:

Class Teacher's name and email (primary):

Head of Year's name and email (Secondary):

HINT consists of Specialist Teams in three of the four broad areas of need identified in the SEND Code of Practice. Please identify the Specialist Team you are referring to commensurate with the child/young person's **primary** area of need (**tick one box**). You only need to complete the sections of the form relevant to the **primary** area of need.

Speech Language and Communication Needs. Complete Sections A, B and F.

Complex Social Communication (Autism). Complete Sections A, C and F.

Cognition and Learning (including Specific Learning Difficulties). Complete Sections A, D and F.

Social, Emotional and Mental Health. Complete Sections A, E and F.

Please refer to the **Low Incidence Needs Team** for difficulties associated with hearing impairment, vision impairment, physical, medical and other sensory needs. LINT referral forms can be found at <https://educationgateshead.org>

Section A (for ALL referrals)

Reason for referral

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

Confidence/Self Esteem

Barriers to Learning

Strategies Employed

What are the main outcomes you wish to see from a HINT referral?

Have you had an un-named surgery with HINT about this child prior to referral? Yes No

Date of Surgery

Name of HINT Specialist Teacher

Current attendance (year to date) %

Attendance previous year %

Has the child previously had a part-time timetable? Yes No

Is the child currently on a part-time timetable? Yes No

Section B (for referrals to Speech, Language and Communication)

1	Is the child known to speech and language therapy?	Yes	No
2	If yes, please give name of SALT worker		
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? If yes, please specify:	Yes	No

Receptive Language – Listening

6	Attends to class/large group discussion.	Often	Sometimes	Rarely	Never
7	Attends to small group (3/4 children) discussion.	Often	Sometimes	Rarely	Never
9	Listens to group stories.	Often	Sometimes	Rarely	Never
8	Learns and retains songs, rhymes and poems etc.	Often	Sometimes	Rarely	Never
9	Is aware of sounds in words (e.g. appreciates rhyme and can play 'I spy' etc.).	Often	Sometimes	Rarely	Never

Receptive Language – Understanding

10	Carries out simple instructions (given individually or to group).	Often	Sometimes	Rarely	Never
11	Carries out instructions involving two tasks e.g. Do X and Y.	Often	Sometimes	Rarely	Never
12	Shows an understanding of stories read aloud.	Often	Sometimes	Rarely	Never
13	Understands simple wh- questions such as Where? What is this? Who? etc.	Often	Sometimes	Rarely	Never
14	Follows directions involving spatial vocabulary etc. (on, inside, behind, next to, first etc.)	Often	Sometimes	Rarely	Never
15	Understands topic vocabulary.	Often	Sometimes	Rarely	Never

Expressive Language – Speech

16	Intelligible to a stranger.	Often	Sometimes	Rarely	Never
17	Speaks fluently with few hesitations.	Often	Sometimes	Rarely	Never
18	Makes attempts to communicate by non-verbal means.	Often	Sometimes	Rarely	Never

Expressive language – Vocabulary/Sentence Structure

19	Intelligible to a stranger.	Often	Sometimes	Rarely	Never
20	Speaks fluently with few hesitations.	Often	Sometimes	Rarely	Never
21	Uses long/complex sentences.	Often	Sometimes	Rarely	Never
22	Tells others what to do.	Often	Sometimes	Rarely	Never
23	Conveys verbal messages.	Often	Sometimes	Rarely	Never
24	Is able to describe a sequence of events in reasonable order e.g. a recent past experience.	Often	Sometimes	Rarely	Never
25	Retells stories and can say what will happen next.	Often	Sometimes	Rarely	Never
26	Uses language to reason, compare and classify explain cause and effect (why/because).	Often	Sometimes	Rarely	Never

Social Use of Language

27	Forms relationships with children/adults.	Often	Sometimes	Rarely	Never
28	Plays with other children in a co-operative manner.	Often	Sometimes	Rarely	Never

29	Is confident / receptive to new experiences.	Often	Sometimes	Rarely	Never
30	Is able to take turns.	Often	Sometimes	Rarely	Never
31	Conforms to expected standard of behaviour in class/playground.	Often	Sometimes	Rarely	Never

Section C (for referrals to Complex Social Communication)

1	Forms relationships with children.	Often	Sometimes	Rarely	Never
2	Forms relationships with adults.	Often	Sometimes	Rarely	Never
3	Plays with other children in a co-operative manner.	Often	Sometimes	Rarely	Never
4	Is confident / receptive to new experiences.	Often	Sometimes	Rarely	Never
5	Is able to take turns.	Often	Sometimes	Rarely	Never
6	Conforms to expected standard of behaviour in class/playground.	Often	Sometimes	Rarely	Never
7	Shows interest in interacting with peers.	Often	Sometimes	Rarely	Never
8	Is socially appropriate.	Often	Sometimes	Rarely	Never
9	Is able to follow teacher/adult/class agenda.	Often	Sometimes	Rarely	Never
10	Becomes upset e.g. angry or overly anxious.	Often	Sometimes	Rarely	Never
11	Tolerates change and shows flexible behaviour.	Often	Sometimes	Rarely	Never
12	Fine and gross motor skills are age appropriate.	Often	Sometimes	Rarely	Never

Section D (for referrals to Cognition and Learning)

This information **MUST** be completed with an example of the pupil's independent written work attached.

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

Specific Learning Difficulties

1	Phonological awareness linking into reading/spelling/segmenting and blending.	Often	Sometimes	Rarely	Never
2	Is able to follow oral instructions.	Often	Sometimes	Rarely	Never
4	Free writing reflects verbal ability.	Often	Sometimes	Rarely	Never
5	Sequences thoughts and ideas when planning, structuring and recording written work.	Often	Sometimes	Rarely	Never
6	Appropriate handwriting and cutting skills.	Often	Sometimes	Rarely	Never
7	Able to track text when reading and copying writing from board or worksheet.	Often	Sometimes	Rarely	Never
8	Letters and numbers correctly orientated.	Often	Sometimes	Rarely	Never
9	Able to process spoken and/or written language without delay.	Often	Sometimes	Rarely	Never
10	Acquires phonic skills, to aid reading and spelling.	Often	Sometimes	Rarely	Never
11	Plausible attempts at spellings.	Often	Sometimes	Rarely	Never
12	Sequences information such as days, months, alphabet, times tables.	Often	Sometimes	Rarely	Never
13	Appears alert, able to concentrate and focus on activities.	Often	Sometimes	Rarely	Never
14	Retains information.	Often	Sometimes	Rarely	Never
15	Connected speech is clear, with multi-syllabic words correctly pronounced.	Often	Sometimes	Rarely	Never
16	Understands concept of time e.g. knows about timed events throughout the day.	Often	Sometimes	Rarely	Never

Section E (for referrals to Social, Emotional and Mental Health)

Home Background

History of any Exclusions/Suspensions

School History (previous schools, reasons for moves, etc.)

Any other relevant contextual factors (bereavement, changes in home or school situation)

1	Talks when listening is required (such as when the teacher is speaking).	Often	Sometimes	Rarely	Never
2	Calls out when hands-up are required.	Often	Sometimes	Rarely	Never
3	Loses things necessary for tasks or activities (toys, assignments, pencils, or books).	Often	Sometimes	Rarely	Never
4	Fidgets/fiddles with equipment and/or taps, flicks or hits objects repeatedly.	Often	Sometimes	Rarely	Never
5	Swings on chair/struggles to sit still.	Often	Sometimes	Rarely	Never
6	Changes in attention are triggered by small changes around the student. Easily distracted by extraneous stimuli.	Often	Sometimes	Rarely	Never
7	Flits between activities/has difficulty sustaining concentration.	Often	Sometimes	Rarely	Never
8	Stims (i.e. repetitive or unusual body movement or noises).	Often	Sometimes	Rarely	Never
9	Purposely makes noises to gain attention.	Often	Sometimes	Rarely	Never
10	Inordinate or inappropriate demands for time or attention.	Often	Sometimes	Rarely	Never
11	Has difficulty awaiting their turn.	Often	Sometimes	Rarely	Never
12	Is "on the go" or often acts as if "driven by a motor".	Often	Sometimes	Rarely	Never
13	Comes into class late and/or noisily.	Often	Sometimes	Rarely	Never
14	Gets out of seat at an inappropriate time in a lesson.	Often	Sometimes	Rarely	Never
15	Hides under, behind or in furniture (e.g. desks, cupboards).	Often	Sometimes	Rarely	Never
16	Climbs on furniture or up buildings.	Often	Sometimes	Rarely	Never
17	Runs in school (down corridors, to dining hall, etc.).	Often	Sometimes	Rarely	Never
18	Leaves the classroom without permission.	Often	Sometimes	Rarely	Never
19	Absconds or attempts to abscond from the school premises.	Often	Sometimes	Rarely	Never
20	Slow to complete learning tasks.	Often	Sometimes	Rarely	Never
21	Refuses to do work despite it being within their ability range.	Often	Sometimes	Rarely	Never
22	Destroys or defaces their own work.	Often	Sometimes	Rarely	Never
23	Destroys or defaces others' work.	Often	Sometimes	Rarely	Never
24	Inability to accommodate others – turn taking, sharing, allow others to make decisions.	Often	Sometimes	Rarely	Never
25	Reacts very negatively (e.g. displays anger towards others, cries, shouts, storms off, refuses to participate, blames others, etc.) to losing a game or competition.	Often	Sometimes	Rarely	Never
26	Delays responses to requests/instructions.	Often	Sometimes	Rarely	Never
27	Will cut off communication/shut down from attempts at communication.	Often	Sometimes	Rarely	Never
28	Excessive, insufficient or selective sensitivity to sounds.	Often	Sometimes	Rarely	Never
29	Prefers their own company to spending time with others.	Often	Sometimes	Rarely	Never
30	Keeps to the edge of a group or isolates themselves from a group.	Often	Sometimes	Rarely	Never
31	Struggles with change and transitions.	Often	Sometimes	Rarely	Never
32	Refers to themselves negatively (e.g. 'stupid'/'dumb').	Often	Sometimes	Rarely	Never
33	Arrives at school but refuses to come in.	Often	Sometimes	Rarely	Never
34	Lacks awareness of others' personal space.	Often	Sometimes	Rarely	Never

35	Tendency to bang or push into others without intent to harm.	Often	Sometimes	Rarely	Never
36	Boisterous or rough play without intent to cause harm.	Often	Sometimes	Rarely	Never
37	Purposefully invades others' personal space with intent to cause harm (e.g. lashes out at others, kicks, hits, bites, etc.).	Often	Sometimes	Rarely	Never
38	Throws or moves furniture or objects in frustration, without intent to harm others.	Often	Sometimes	Rarely	Never
39	Throws furniture or objects with intent to harm others.	Often	Sometimes	Rarely	Never
40	Reacts angrily when forbidden something or when activities are interrupted.	Often	Sometimes	Rarely	Never
41	Swears within general conversation.	Often	Sometimes	Rarely	Never
42	Verbally abuses other students (e.g. taunting, badgering, intimidation).	Often	Sometimes	Rarely	Never
43	Verbally abuses adults (e.g. swearing, taunting, badgering, intimidation).	Often	Sometimes	Rarely	Never
44	Intentionally spits at others.	Often	Sometimes	Rarely	Never
45	Fights other students.	Often	Sometimes	Rarely	Never
46	Prejudice – frequently comments or intimidates based on race, ethnicity, religion, gender, gender identity, sexual orientation, social grouping, (dis)ability.	Often	Sometimes	Rarely	Never
47	Bullying Behaviour – REPEATED actions intended to hurt someone either physically or emotionally in any form (physical assault, teasing, making threats, name calling, cyberbullying - bullying via mobile phone or online).	Often	Sometimes	Rarely	Never
48	Non-compliance displayed as defiance and complete refusals of adult direction, resulting in major disruption to classroom activities and/or which may constitute a danger to themselves or others.	Often	Sometimes	Rarely	Never
49	Uses mobile devices when they should not.	Often	Sometimes	Rarely	Never
50	Abrupt behaviour changes (suddenly begins to cry, laugh, giggle with no obvious reason).	Often	Sometimes	Rarely	Never
51	Self-harms (e.g. hits head, bites, scratches or cuts themselves, or using some object, self-inflicted burns, falling to the ground heavily).				
52	Wets and/or soils in clothing.	Often	Sometimes	Rarely	Never
53	Handles stools/urine.	Often	Sometimes	Rarely	Never
54	Puts faeces in mouth and/or smears stools/urine.	Often	Sometimes	Rarely	Never
55	Known or suspected eating disorder.	Often	Sometimes	Rarely	Never
56	Sexualised behaviour.	Often	Sometimes	Rarely	Never
57	Truants.	Often	Sometimes	Rarely	Never
58	Has carried a weapon.	Often	Sometimes	Rarely	Never
59	Uses drugs and/or alcohol.	Often	Sometimes	Rarely	Never
60	Other known risk-taking behaviours outside of school within the community.	Often	Sometimes	Rarely	Never

Section F (for ALL referrals)

Checklist of information to include with this referral:

Current and previous (reviewed) SEND Support Plans

Formal diagnosis report(s) if appropriate

Current Educational, Health and Care Plan or EHC needs assessment request

An example of the child/young person's independent written work (for Cognition and Learning referrals)

Current and previous Behaviour Support Plans/Pastoral Support Plans (for SEMH referrals)

Parent/Carer consent

Please provide details of all current and previous professionals involved.

Service/Team	Name of Professional	Contact Number	Please Tick	
			Current	Previous
Early years Assessment and Intervention Team (EYAIT)				
High Incidence needs Team (HINT)				
Low Incidence Needs Team (LINT)				
Primary Behaviour Support				
Educational Psychology				
Speech and Language Therapy				
Occupational Therapy				
Physiotherapy				
Other health, e.g. Paediatrician or Community Nursing Team				
Early Help Service				
Social Worker				
Other				

Parent/carer consent

Parent/carer details

Title Forename Surname

Contact number

Address

Postcode Email

Relationship to child

I have read and understood the information included in this referral.

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

I have read the parent/carer information.

Please share any information about your child that you think is relevant

HINT is part of Education Gateshead. Education Gateshead includes the SEND Team, the Low Incidence Needs Team, the Education Support Service and the Educational Psychology Service. Please tick the boxes below to indicate your consent to Education Gateshead sharing your information with external agencies.

Bowel and Bladder Service

Children and Young People's Service

Physiotherapy

Consultant/Paediatrician/GP

Occupational Therapy

Speech and Language Therapy

PLEASE NOTE: You have the right to withdraw consent at any time by emailing hintenquiries@gateshead.gov.uk

Signed: Name: Date:

Once completed, please email this form, with all relevant documents to hintenquiries@gateshead.gov.uk

Email confirmation will be sent on receipt of referral. If you have not received a response within two weeks, please contact the SENIT Support Team using the above email.