Gateshead Council

educationGateshead
raising achievement for all

Low Incidence Needs Team (LINT)

Referral Form for Sensory Impairment and/or Physical and Medical Needs

Pupil details:

Pupil Forename:

Pupil Surname:

Date of Birth: Sex: M ☐ F ☐

NC Year Group:

Unique Pupil Number:

Is the pupil a Cared for Child?: Yes ☐ No ☐

Is there an active TAF? Yes ☐ No ☐

Contact details for lead TAF practitioner:

Is your referral for hearing or vision impairment or both? HI ☐ VI ☐ Both ☐

Is your referral for physical and medical needs? Yes ☐ No ☐

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

If yes, please attach current EHCP or referral.

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

If yes, please attach diagnosis letter or referral.

Physical/medical referrals only

Please highlight the area(s) for which you require advice and recommendations:

- Physical adaptations to buildings/ 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 pupil's medical condition e.g. Epilepsy, Medication etc. Yes ☐ No ☐
- Other *(please state)*:

For ALL referrals - please give a brief description of the impact of the pupil's sensory and/or physical and medical needs (i.e. reason for referral):

Referrer details:

Referrer's name:

School/setting:

Position *(SENCo, class teacher etc)*:

Contact number: **Email address:**

Parent/Carer consent

Parent/carer details:

Title | Forename | Surname

Contact number

Address

Postcode | Email

Relationship to pupil

Do you have any specific concerns that you wish to tell us about?

LINT is part of educationGateshead which includes the High Incidence Needs Team, the SEND Team, REALAC, the Education Support Service and the Educational Psychology Service.

Please tick the agencies educationGateshead has permission to share information with:.

- ☐ Hospital (ENT/Audiology/Ophthalmology/ Child Development Clinic/Paediatrician)
- ☐ Physiotherapy
- ☐ Social Care – Children with Disabilities Team
- ☐ Children and Young People's Service (CYPS)
- ☐ Adult Services (incl. commissioned agencies)
- ☐ Bladder & Bowel Sevice
- ☐ Speech and Language Therapy
- ☐ Occupational Therapy
- ☐ 0-19 Service

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

Signed: | Name: | Date:

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

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