**Special Needs**

**2nd Floor (Room SF 332) Electric House**

**c/o Torquay Town Hall**

**Castle Circus, Torquay**

 **TQ1 3DR**

**Email:** **ehcp@torbay.gov.uk**

**Torbay Advisory and Support Service –**

 **Visual Impairment**

**Referral Form**

|  |  |
| --- | --- |
| **Pupil's Name** |  |
| **Pupil’s Date of Birth** |  | **School Year Group** |  |
| Parent/Carer Name |  |
| Home address |  |
| Post Code |  | Telephone No. |  |
| Email address |  |
| Parental Consent form included? |  Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| School |  | Headteacher |  |
| Name of referrer |  | Referral Date |  |
| Sendco |  | T/A Name |  |
| Class Teacher |  | Contact number |  |
| Contact Email address |  |

Reason for Request: ………………………………………………………………………………………

……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….……………………..………………………………………………………………………………………..........................................................................................................................................................

Brief summary of pupil’s levels of ability

***Please give National Curriculum, ‘P’ or engagement Levels for:***

|  |  |  |  |
| --- | --- | --- | --- |
| Reading level |  | Writing |  |
| Reading Age |  | Spelling Age |  |
| Speaking & Listening |  |
| Maths |  | Science |  |

Does this pupil have any additional difficulties?

……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….

……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….

……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….

Is any other agency currently involved in supporting this pupil directly or indirectly, i.e. Educational Psychologist, Speech & Language Therapist, Physiotherapist, Habilitation, etc?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………….

……………………………………………………………………………………………………………….…….…………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Please complete this referral form and send, with the following documents, to the address shown at the top of this form:**

* Copy of most recent EHCP;
* Copy of most recent Annual Review;
* Copy of any recent reports e.g. EP reports, Speech & Language, Physiotherapy, Habilitation, etc.

Form last updated 24.03.2021