

DERBYSHIRE COUNTY COUNCIL

**Referral to the Education,
Health & Care Plan Pathway**

This document contains six parts, which must all be completed before submitting the referral.

<p>1a Legal Surname</p> <p>First Name(s)</p> <p>Current Year Group</p> <p>Home address of child/young person</p> <p>Post Code</p>	<p>Date of Birth</p> <p>Gender Male/Female</p> <p>UPN</p>
<p>1b Name of parents/carers</p> <p>Address (if different from above)</p>	<p>Home/mobile telephone number</p> <p>Email address</p>
<p>Is the child/young person in Public Care?</p>	<p>Yes/No</p>
<p>Do they have a Child in Need Plan?</p>	<p>Yes/No</p>
<p>Is there a Team Around the Child (TAC)?</p>	<p>Yes/No</p>

<p>1c School or setting name</p> <p>Address</p>	<p>Post Code</p>
<p>1d Name of child/young person's GP</p> <p>Address</p> <p>NHS Number</p>	<p>Telephone Number</p> <p>Post Code</p>
<p>2a. Category of need as defined in the Code of Practice:</p> <p>Communication and Interaction: SLCN ASD</p> <p>Cognition and Learning: SPLD MLD SLD PMLD</p> <p>Social, Emotional and Mental health: ADHD ASD Other</p> <p>Sensory and/or physical: HI VI PD MSI</p>	
<p>2b. Date on which child/young person was first identified as having additional needs and support was put in place:</p> <p>Current attainment levels:</p> <p>Background relevant to child/young person not included in reports/advice:</p>	

3a. Assessments, reports and information

Please list all enclosed information providing evidence of nature, extent and cause of difficulties.

Please list all enclosed information providing evidence of actions already taken to overcome these difficulties including the provision made from normally available resources.

Assessment/Referral/ Report/Supporting Information	Date Written	Author	Agency/Service

3b. Please provide a bullet point summary of the child/young person's needs in the areas which are appropriate:

Educational needs:

Health needs:

Social Care needs:

4. Outcomes – please describe the outcomes that you would see for this child/young person and how you propose that these are achieved:

	Outcomes	How achieved
Education		
Health		
Social Care		

5. Views of child/young person and parents/carers
(If not already enclosed under Section 3)

6. Referral made by:

Referrer:

Name of Referrer	Agency/Service/School/Setting
Position/Role	Date
Signature	