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| **BAT Link Professional:** First name Surname  **Email:** X    **Mobile contact number:** X |  | **Bristol Autism Team**  **Office address:** Bristol Autism Team, Parkview Office Campus, Whitchurch Lane, Whitchurch, Bristol BS14 0TJ  **Postal address:** Bristol Autism Team, PO Box 3176, Bristol,  BS3 9FS  **Telephone:** 0117 903 6700 |
|  | | |
| **Criteria for input:**  In order to access direct input from Bristol Autism Team, the child/young person must meet at least one of the criteria below. Please tick those that apply.   |  |  | | --- | --- | | **Criteria for input** | **Tick 🗸** | | The child/young person has a statutory EHCP or Statement of SEN |  | | A request has been submitted for an EHC Needs Assessment |  | | A request for an EHC Needs Assessment has been declined within the last 12 months |  | | The child/young person is in receipt of Top Up funding at Band 3 or above |  | | The child/young person is involved in statutory processes and is at risk of permanent exclusion following 10 or more fixed term exclusions within the last 6 months |  | | The child/young person is involved in statutory processes and is attending an Alternative Learning Provision setting, PRU or has a needs assessment place at a Specialist Provider |  | | **If the child/young person does not meet any of these criteria, please refer to the BAT toolkits, other advice from the Ways of Working and relevant links sent to educational settings.** | | | | |

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| **Referral**  **Steps to follow:**   * Educational setting & Family to complete this front page and Sections 1, 2, 3 and 4 * Email to your Bristol Autism Team Link Professional at: x * Look out for an email acknowledging receipt of your referral from your BAT Link Professional and advice outlining planned next steps. | | | | | |
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| **Pupil’s name:** |  | **Educational setting:** |  | | |
| **Date of birth:** | DD/MM/YYYY | **SENCO:** |  | | |
| **Year group:** |  | **Class Teacher/ Tutor:** |  | | |
| **Ethnicity code:** |  | **Support staff :** | Name/s | Hours | |
| **Home address:**  **E-mail:** |  | **Other agencies working with the pupil and/or family:** |  | | |
| **Date of diagnosis:** | DD/MM/YYYY | **Parents/Carers:** |  | | |
| **Pupil aware of diagnosis:** | Yes/no | **Parent/Carer phone numbers:** |  | | |
| **Other needs:** |  | **Parent/Carer address & email address/es:** |  | | |
| **Parent/ carer and Pupil consent for this referral** | Please tick box to confirm this referral has been agreed with parents/carers √ | | Tick here |
| **SEN Status:**  **(**Delete as applicable) | * SEN Support in school - Additional support (School Block Funding) * Bristol Support Plan in place * SEN Support in school - Additional support (Higher Needs Block funding with Top Up Funding £x) * Education Health and Care Plan (EHCP) or Statement of Special Educational Needs * Education Health and Care Plan (EHCP) and Higher Needs Block funding with Top Up Funding £x | | | | |
| **Diagnosis** | **If no previous B.A.T. involvement, please** **scan and** **email back the letter of diagnosis with this fully completed form** | | | | |
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| **Section 1: One Page Profile (Please copy & paste from existing version)** | | |
| To be completed with the **pupil** and **key people** at **home and in school** | | |
| ***What do people like and admire about me?***  (My positive qualities, strengths and talents) | ***What is important to me?***  (Important people in my life including pets, hobbies and activities, important routines, favourite and least favourite lessons/ activities and things to be avoided that are important to me) | ***What is the best way to support me?***  (What is helpful to me & what is not) |
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| **Section 2: Concerns, actions to date and outcomes** | |
| What are the main concerns to prompt this referral? |  |
| What strategies/actions has the educational setting already tried with regards to these concerns, following a graduated response to the pupil’s special educational needs? **Please attach any provision map, individual plan or Bristol Support Plan.** |  |
| What outcome/s for the pupil are you hoping will be achieved following input from the Bristol Autism Team? |  |

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| **Section 3: Current support** | |
| **Tick all statements that apply:** | **Tick 🗸** |
| The Bristol Autism Team Toolkit (hyperlink) and Tier 1 (Help to Help Yourself) advice has been given to all relevant staff and strategies have been tried. |  |
| The educational setting is using support staff, equipment and/or resources that are in addition to and different from that generally provided. |  |
| The pupil is regularly accessing Quality First Teaching during their statutory education hours |  |
| An individual plan/Bristol Support Plan is in place for the pupil, and is regularly reviewed with all stakeholders as part of a graduated response. |  |
| The educational setting is familiar with and regularly access Bristol’s [SEND in Education Toolkit](http://www.findabilitybristol.org.uk/uploads/ckeditor/attachments/1755/1_Bristol_Toolkit_SEND_In_Education_22.11.16.pdf) and other relevant sources of information on [Findability](http://www.findabilitybristol.org.uk/uploads/ckeditor/attachments/1755/1_Bristol_Toolkit_SEND_In_Education_22.11.16.pdf). |  |
| The educational setting is familiar with and regularly accesses the [Autism Education Trust](http://www.autismeducationtrust.org.uk/) (AET) website for autism standards and guidance. |  |
| The educational setting is familiar with and regularly accesses the [National Autistic Society](http://www.autism.org.uk/products/core-nas-publications/sensory-strategies.aspx) (NAS) website for information about autism and sources of support for families. |  |

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| **Section 4: Bristol Autism Team Service Level Agreement** | | |
| **Please read and sign.** | | |
| **Bristol Autism Team agrees to:**   * Provide all settings with a copy of the most up to date Ways of Working * Provide a Bristol Autism Team member to be the educational setting’s link professional (BAT Link) * Acknowledge receipt of referrals from the educational setting via return email * Respond to all referrals for **pupils engaged in statutory processes** by speaking informally to the SENCo and/or arranging an initial consultation visit * Involve the pupil, parents/carers and all relevant staff in the initial consultation * Provide a PDF consultation report to the educational setting and the family, by email, within a maximum of 10 working days (pro-rata for those who work part-time) * Where appropriate, signpost to the Bristol Autism Team pages on Findability and/or to the Bristol Autism Team Family Learning & Family Support Hub. * If a pupil is Open to Review, respond to informal requests for advice should concerns escalate * If receiving Direct Input, carry out a series of up to 6 visits to the educational setting * Following each visit, provide a PDF report to the educational setting, family and all other relevant agencies within a maximum of 10 working days (pro-rata for those who work part-time) * Provide the educational setting with examples of, or hyperlinks to, recommended resources * Once the pupil has had 6 visits, discuss continued input at a multi-agency review meeting with key staff and parents/carers to agree next steps and outcomes * Notify educational settings expecting a visit or a report by 8:30am of any BAT Link Professional absence * Notify all educational settings of any staffing changes within the team, and any changes to contact details   **The education setting agrees to:**   * Arrange a timetable for BAT link visits which allows for: * Relevant staff to be released in order to review progress and discuss successes and concerns * Observations of the pupil where the context is relevant to the setting’s concerns * Parent/carer meetings as needed * Provide all relevant staff with copies of BAT reports and any resources, to be fully implemented within the setting’s graduated response to SEN Support, in line with the [Bristol SEND Toolkit](http://www.findabilitybristol.org.uk/uploads/ckeditor/attachments/1755/1_Bristol_Toolkit_SEND_In_Education_22.11.16.pdf). * Commit to fully embedding, monitoring and evaluating strategies suggested by the BAT link in relation to a pupil’s individual needs * Consider purchasing recommended resources or borrowing from another educational setting within the BAT cluster group * Notify the BAT link via their mobile number of any changes to agreed visits (e.g. pupil and staff absence) * The child or young person has been involved in this decision making process and pupils over the age of 16 years have consented to their information being shared with professionals   **Parents/ Carers are aware that:**   * Bristol Autism Team will make contact with any other agencies involved with a pupil * Visit reports will be emailed to the family and all professionals involved, following the initial consultation and subsequent visits * Pupil information is logged on the Bristol Autism Team database and Liquid Logic for the purposes of Local Authority provision planning * Bristol Autism Team work diligently to ensure confidentiality of information | | |
| **I have read and agree to the Service Level Agreement.** | | Tick the box below **🗸** |
| **Signature** | **Educational Setting/ role** |  |
| **Signature** | **Pupil** |  |
| **Signature** | **Parents/ Carers** |  |
| **The referral section of this record is now complete. Please email to the setting’s BAT link professional:** | | |

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| **Pupil Record** | | | |
| **This will be completed as part of the consultation process.** | | | |
| **Section 5: Areas of Strength and Need relevant to this referral (Bullet points only)** | | | |
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| **Social, Emotional and Mental Health** | | | |
|  | **Strengths** | **Needs** | **What provision has been tried** |
| **Social Interaction**  (Being with others, positive relationships & friendships with adults and peers and group activities) |  |  |  |
| **Social Imagination & Flexibility**  (Coping with change, transitions, special interests, play and problem solving/ thinking skills) |  |  |  |
| **Emotional Understanding and Self- Awareness**  (Understanding, expressing and managing own emotions, understanding others’ emotions and intentions, self-awareness and confidence/ self-esteem) |  |  |  |
| **Communication and Interaction** | | | |
|  | **Strengths** | **Concerns** | **What has been tried** |
| **Listening & understanding** |  |  |  |
| **Expressive communication and conversations** |  |  |  |

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| **Cognition and Learning** | | | |
|  | **Strengths** | **Needs** | **What has been tried** |
| **Level of attainment relative to Age Related Expectations** |  |  |  |
| **Organisation and independent learning** |  |  |  |
| **Motivation and engagement** |  |  |  |
| **Sensory, personal care and physical** | | | |
|  | **Strengths** | **Needs** | **What has been tried** |
| **Understanding, expressing and managing sensory needs** |  |  |  |
| **Tolerance to sensory input** |  |  |  |
| **Personal care and self-help skills** |  |  |  |
| **Any physical needs** |  |  |  |
| **Keeping healthy and leisure** |  |  |  |
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| **Section 6: Summary of Observation DD/MM/YY** |
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| **Section 7: Stage 1 - Bristol Autism Team recommended strategies/ resources** | |
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| DD/MM/YY | **Consultation Outcome** (delete as applicable**):**   * **This pupil will be made Open to Review**. The recommendations above will be reviewed **by the Educational Setting** in line with the usual graduated response to SEN Support. The setting can seek further advice through their BAT Link Professional and can request further direct input through the referral process should concerns escalate or needs significantly change. * **Date agreed for follow-up review via telephone** in three months: DD/MM/YY  |  |  |  | | --- | --- | --- | | **Agreed actions:** | **By whom:** | **By when:** | |  |  |  |  * **This pupil will progress to Stage 2**. Bristol Autism Team recommends that direct targeted input is required in order to address identified needs and existing concerns. |

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| **Section 8: Stage 2 - Bristol Autism Team recommended strategies/ resources for:**  **Pupil’s name:**  **Educational Setting:** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Educational Setting’s implementation:** | **Red** | **Amber** | **Green** | |  | Not started | Started | Implemented and evaluated | | **Impact on pupil:** | **Red** | **Amber** | **Green** | |  | No impact  No observable positive outcome/s | Emerging impact  Emerging observable positive outcome/s | Positive impact  Positive observable outcome/s |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Strategy/ Resource**  **Date strategies suggested and agreed with the educational setting**  DD/MM/YYY | **Implemented**  **(DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | **New Strategy/ Resource**  **Date new strategies suggested and agreed with school**  DD/MM/YYY | **Implemented**  **(DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | | 4. |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  | | 6. |  |  |  |  |  |  |  | |

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| **Notes** | | | | |
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| **Date** | **Agreed Actions:** | **By whom:** | **By when:** | **Date emailed to SENCO** |
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| DD/MM/YY |  |  |  | DD/MM/YY |
| DD/MM/YY | **Review of input (delete as applicable):**   * **This pupil will be made Open to Review**. The recommendations above will be reviewed **by the educational setting** in line with the usual graduated response to SEN Support. The setting can seek further advice through their BAT Link Professional and can request further direct input through the referral process should concerns escalate or needs significantly change. * **This pupil will progress to Stage 3**. Bristol Autism Team recommends that further direct specialist input is required in order to address identified needs and existing concerns. | | | |

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| **Section 9: Stage 3 - Bristol Autism Team recommended strategies/ resources for:**  **Pupil’s name:**  **Educational Setting:** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Educational Setting’s implementation:** | **Red** | **Amber** | **Green** | |  | Not started | Started | Implemented and evaluated | | **Impact on pupil:** | **Red** | **Amber** | **Green** | |  | No impact  No observable positive outcome/s | Emerging impact  Emerging observable positive outcome/s | Positive impact  Positive observable outcome/s |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Strategy/ Resource:** | **Implemented**  **(DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | **Review of Impact (DD/MM/YY)**  **RED**  **AMBER GREEN** | | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | 4. |  |  |  |  |  |  |  |  |  | | --- | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | | **Notes** | | | | | |  | | | | | | **Date** | **Agreed Actions:** | **By whom:** | **By when:** | **Date emailed to SENCO** | | DD/MM/YY |  |  |  | DD/MM/YY | | DD/MM/YY |  |  |  | DD/MM/YY | | DD/MM/YY |  |  |  | DD/MM/YY | | DD/MM/YY |  |  |  | DD/MM/YY | | DD/MM/YY |  |  |  | DD/MM/YY | | DD/MM/YY | **Review of input (delete as applicable):**   * **This pupil will be made Open to Review**. The recommendations above will be reviewed **by the educational setting** in line with the usual graduated response to SEN Support. The setting can seek further advice through their BAT Link Professional and can request further direct input through the referral process should concerns escalate or needs significantly change. * **This pupil will progress to Stage 4**. Bristol Autism Team recommends that further direct specialist input is required in order to address identified needs and existing concerns. | | | | |

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| **Section 10: Stage 4 - Bristol Autism Team recommended strategies/ resources** | | | | |
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| **Notes** | | | | |
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| **Date** | **Agreed Actions:** | **By whom:** | **By when:** | **Date emailed to SENCO** |
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| DD/MM/YY | **Review of input (delete as applicable):**   * Bristol Autism Team will continue to support the pupil and setting with transition to Specialist Provision. | | | |