

**The Bridge Referral form**

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| **Date** |  | **Referrer name** | |  | | |
| **Name of child** |  | **DOB** | |  | | |
| **Ethnicity** |  | **Age** |  | | **Year Group** |  |
| **Enrichment or Respite place?** |  | **No. of days requested**  **(1-3)** | |  | | |
| **Name of EISS Advisory Teacher supporting case** |  | | | | | |
| **Address of child** |  | | | | | |
| **Name of parent or carer**  **phone number** | 1.  2.  Email Address: | | | | | |
| **Name of parent or carer**  **phone number** | 1.  2.  Email Address: | | | | | |
| **How will the child travel to and from The Bridge?** |  | | | | | |
| **Parent address if different to child** |  | | | | | |
| **School name** |  | | | | | |
| **School contact** |  | **Job title** | |  | | |
| **EHCP** | Yes  No | **EHCP Coordinator (name)** | |  | | |
| **Pupil Premium** | Yes  No | **Child looked after (CLA)** | | Yes  No | | |
| **Free School Meals:** | Yes  No | **If no, would you like to purchase school meals?** | | Yes  No | | |
| **SEN diagnosis and/or additional needs** |  | | | | | |
| **Educational psychologist** | Yes/No (If yes, provide name and email) | | | | | |
| **Social worker** | Yes/No (If yes, provide name and email) | | | | | |
| **Family support worker** | Yes/No (If yes, provide name and email) | | | | | |
| **Emotional Health Service** | Yes/No (If yes, provide name and email) | | | | | |
| **CAMHS Tier 3** | Yes/No (If yes, provide name and email) | | | | | |
| **Additional Information:** |  | | | | | |

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| **Headteacher/SEN Service signature** |  |
| **Date** |  |
| **Parent’s or carer’s signature** |  |
| **Date** |  |

**Document checklist**

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| **Last school report** |  | **IEP/support plan including**  **current SEMH targets, etc** |  | **EP report (if applicable)** |  |
| **S&L report (if applicable)** |  | **Signed referral form and baseline assessment** |  | **EISS referral, VSR and any other documentation** |  |