

**The Bridge Referral form**

| **Date** |  | **Referrer name** |  |
| --- | --- | --- | --- |
| **Name of child** |  | **DOB** |  |
| **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. | | |
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| **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 |
| **Current attendance %** |  | **Attendance % for last academic year** |  |
| **Number of FTEs this academic year** |  | **Number of FTEs for last academic year** |  |
| **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:** |  | | |

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

**Document checklist**

| **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** |  |