**Derby City Council – Specialist Teaching Service (STS) Referral Form**

# I wish to refer a child or young person to the Derby City Council Specialist Teaching Service.

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| **A/ Support Requested from:** (please tick) | | | | | |
| Hearing Impairment Team |  | Visual Impairment Team |  | Early Years SEND Team |  |
| Physical Disability Team |  | Social Communication and Autism Team |  |  | |

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| **B/ Child’s details** | | | | | | |
| Child’s name |  | | | Date of Birth |  | |
| Address |  | | | Male/Female |  | |
| Description of concerns (include equipment used, manual handling transfers required, diagnosis, nature and extent of delay, specific difficulties, for example communication, physical, social development) | | | | | | |
| Please indicate the most significant or primary need for the pupil using a 1 and where appropriate their secondary need with a 2. Please attach health reports for evidence of any diagnoses. | | | | | | |
| Autism Spectrum Disorder | |  | Physical disability | | |  |
| Behaviour, emotional and social difficulty | |  | Profound and multiple learning difficulties | | |  |
| Hearing impairment | |  | Speech, language and communication needs | | |  |
| Visual impairment | |  | Severe learning difficulty | | |  |
| Multi-sensory impairment | |  | Specific learning difficulty | | |  |
| Moderate learning difficulty | |  | *These descriptions of type of SEN are taken from the school*  *census/ PLASC guidance materials (2007).* | | |  |

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| **C/ Parent’s or Carer’s details** (please give details of everyone who has parental responsibility) | | | | |
| Name (1) |  | | Name (2) |  |
| Address |  | | Address |  |
| Phone |  | | Phone |  |
| Email |  | | | |
| Home Language | |  | Is translation support required? | |

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| Is the child subject to any order under childcare legislation? |
| Please provide any relevant information about the family structure or situation: |
| Is there any information that is relevant to staff when working in the home? |

**D/ Other Agencies** (names and contact details of professionals involved)

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| **E/ School or Early Years Setting** | |
| School/ Early Years Setting |  |
| Address |  |
| Phone and email |  |
| SENCO name |  |
| Days/ times the child attends |  |
| SEND CoP stage |  |

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| --- | --- | --- | --- |
| **F/ Your name** | | | |
| Name |  | Work base |  |
| Job title |  |
| Email |  | Phone |  |

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| **G/ Consent to sharing information with Derby City Local Authority Education Services**  (please ask the parent/carer to fill in this section) | | | |
| I agree to this referral to the Specialist Teaching Service for support for my child. I understand that the Specialist Teaching and Psychology Service will store and process information for this purpose. See the privacy notice below. | | | |
| Signature |  | Relationship to the child |  |
| Print name |  |
| Please send this completed form to STePS Admin, Business Support Second Floor, The Council House, Corporation Street, Derby, DE1 2FS or email it to [stepsadmin@derby.gov.uk](mailto:stepsadmin@derby.gov.uk) | | | |

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| **Equality in Action** (please ask the parent/carer to fill in this section) | | | |
| We are Derby City take pride in the services we deliver. We want to make sure our services are appropriate, fully accessible and free from any barriers or discrimination. To help us monitor our services effectively please complete the following. My child’s origin is: | | | |
| **Asian or Asian British** | | **White** | |
| Indian |  | British |  |
| Pakistani |  | Irish |  |
| Any other Asian background |  | Traveller or Irish heritage |  |
| **Black or Black British** | | Gypsy/ Roma |  |
| Caribbean |  | Other White background |  |
| African |  | **Dual Heritage** | |
| Other black background |  | White and Black Caribbean |  |
| **Chinese/ other Ethnic Group** | | White and Black African |  |
| Chinese |  | White and Asian |  |
| Other Ethnic Group |  | Other Dual heritage |  |

**Privacy Notice (STS)** Personal data provided will be stored and processed by the Specialist Teaching and Psychology Service for the purpose of providing support to the child/young person identified. This support will help to ensure the child/young person’s needs are fully understood (Children and Families Act 2014); any barriers to learning are removed or minimised; the child/young person has access to their educational entitlement (Equality Act 2010, Human Rights 1998) and the child/young person has the opportunity to achieve and maintain a reasonable standard of development (Children Act 1989). We may share this information with other Council departments, schools in Derby (if appropriate), Medequip, Guide Dogs for the Blind and health colleagues working for the NHS. For further information about how your personal information will be used, please visit [www.derby.gov.uk](http://www.derby.gov.uk/) where you can see a full copy of our privacy notice.

Alternatively you can request a hard copy from – [stepsadmin@derby.gov.uk](mailto:stepsadmin@derby.gov.uk)