***Please note that in completing this form, you are giving the Virtual School permission to contact your child / young person’s education setting to offer support.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of child/young person:** | |  | | | | | | | **DoB:** | | | | |  | | | | | | |
| **Name of School** | |  | | | | | | | **Year Group:** | | | | |  | | | | | | |
| **Name of person completing the form:** | |  | | | | | | | **Relationship:** | | | | | ***Parent*** | | | ***Guardian*** | | | ***Social Care*** |
| **Date form completed:** | |  | | | | | | | | | | | | | | | | | | |
| **FOR SOCIAL CARE REFERERS ONLY: Virtual School is only able to offer direct support if parental consent has been granted. Please confirm that you have obtained parental consent.** | | | | | | | | | | | | | | | | | | | | |
| *Name Parent/Guardian name:* | | | *Date of permission:* | | | | | | | | *How permission was requested e.g. in person, on the telephone, via email:* | | | | | | | | | |
| **EHCP: Final / Application Stage / No (delete as appropriate)** | | | | | | **If EHCP, primary area of need:** | | | | | | | | | | | | | | |
| **Other professionals involved supporting pupil and family:** *please highlight or delete as appropriate*  *(services can be Private or NHS, in school or at home)* | | | | | | | | | | | | | | | | | | | | |
| ***Early Help*** | ***Attendance Team*** | | | | ***SENDIASS*** | | | ***Just One Norfolk*** | | | | | | | | ***Counselling or other therapy*** | | | | |
| ***Social Care*** | ***CAMHS*** | | | | ***Speech and Language*** | | | ***GP*** | | | | | | | | ***Health Visitor*** | | | | |
| ***Occupational Therapy*** | ***Continence Services*** | | | | ***Paediatrician*** | | | ***Neurodevelopmental Service*** | | | | | | | | ***Other:*** | | | | |
| ***Adoption or Kinship support*** | ***Named Social Worker:*** | | | | | | | | | | | | | | | | | | | |
| **Please outline your query or concerns:** | | | | | | | | | | | | | | | | | | | | |
| ***What is working well?*** | | | | ***What are you worried about?*** | | | | | | ***Next Steps – what support is needed?*** | | | | | | | | | | |
| Is your child’s school/setting aware of your concerns? | | | | | | | ***Yes*** | | | | | | | | ***No*** | | | | | |
| Does school receive PP+ for your child | | | | | | | ***Yes*** | | | | | | ***No*** | | | | | ***Unsure*** | | |
| Who is your key contact at school? | | | | | | |  | | | | | | | | | | | | | |
| Have you contact the Virtual School before? | | | | | | | ***Yes*** | | | | | | | | ***No*** | | | | | |
| Parents/Guardians - Where did you hear about the Virtual School? | | | | | | | ***Adoption and Kinship Team*** | | | | | ***Social Care Worker*** | | | ***Training event*** | | | | ***Internet search*** | |
| ***Other:*** | | | | | | | | | | | | | |

**For advice regarding an individual child or young person please complete this referral form and return to:** [**virtual.schoolspic@norfolk.gov.uk**](mailto:virtual.schoolspic@norfolk.gov.uk)