SEIN Referral Form

Please attach the child's latest EHCP and any current therapy reports to this referral form

Child's Information	
Name:	Gender:
Date of Birth:	Age:
Home Address:	Have your Local Authority been informed of your interest in SEIN: Yes/No
Home Telephone Number:	
Parent's name: Relationship: Parental Responsibility: YES/NO	Parent's name: Relationship: Parental Responsibility: YES/NO
Name of current school and address:	Current School Year:
Reason For Referral:	
Which SEIN services you wish to be part of: (please tick as many as you wish) ○ Tutoring with a qualified teacher ○ Mentoring with a teaching assistant ○ Circle of security parenting support ○ Behaviour support ○ Lego Therapy ○ School support ○ Relax kids	

I give permission to SEIN CIC team to gather information in order to carry out pre-screening to assess whether a placement at SEIN would be appropriate. Following the pre-screening, I give permission for SEIN CIC assessment reports to be shared with the relevant professionals involved.

Signed:_____ **Print Name:** _____

Legal status: Parent / Person with Parental Responsibility

(Please delete as appropriate)