IPaSS Integrated Physical and Sensory Service

Hull City Council

Hull Only - New Referral

Hearing: ☐ **Physical:** ☐ **Visual:** ☐

Name:		D of B:		**Male:** ☐ **Female:** ☐
Address:		School:		
		NCY:		
Telephone:		SENCo		

Person(s) with Parental Responsibility & Telephone:	School Address & Telephone:

Is this a Looked after Child?	Yes: ☐ No: ☐ Don't Know: ☐	Dated:	On the Child Protection Register?	Yes: ☐ No: ☐ Don't Know: ☐	Dated:

Statemented:	Yes: ☐ No: ☐	Band & Date:	*SEN Support: ☐ *EHCP in place: ☐ *EHCP pending: ☐	Dated:

Schools Ed' Psych'	

***PD service does not work with pupils below the SEN Support stage of the SEN Code of Practice.**

Who is Referring:		Contact No:		Parental Permission:	Yes: ☐ No: ☐

Details of Hearing / Physical / Visual Problem(s) and how this impacts on curriculum access:

----------*For IPaSS Office Use Only*----------

Referral Allocated to:		Dated:	
Actioned to Database by:		Dated:	
Referral processed by:		Dated:	

Full File: ☐ **Monaural:** ☐ **Annual Audiological:** ☐ **Miscellaneous:** ☐

Stonewall DIVERSITY CHAMPION

POSITIVE ABOUT DISABLED PEOPLE

INVESTORS IN PEOPLE

IPaSS, Oakfield School Site, 220 Hopewell Road, Hull, HU9 4HD (Feb 15)

Tel: 01482 318 400 Minicom: 01482 318 406 Email: ipass@hullcc.gov.uk

1. Please detail interventions currently in place to meet pupil's physical / hearing / visual needs:

Intervention	Since	How often?	Review Date	Outcome

2. Current National Curriculum/EYFS/P-Scale Levels: Date:

Pre-school Children		Primary Pupils		Secondary Pupils	
Writing		Writing		English	
Reading		Reading		Maths	
Moving & Handling		Speaking and Listening		Physical Education	
Health & Social Care		Maths			
Social Development					

3. Please summarise significant involvement of other agencies:

INVOLVEMENT OF OTHER AGENCIES

Child Dev Centre: ☐	IPaSS (VI): ☐	ASD Outreach: ☐	Paediatrician: ☐
Hospital/Home Tuition: ☐	IPaSS (HI): ☐	Social Services: ☐	Other Medical: ☐
Physiotherapist: ☐	IPaSS (PD): ☐	Vol. Organisation: ☐	Speech Therapist: ☐
Occupational Therapist: ☐	SENSS: ☐	Ed Psych: ☐	Other (state): ☐

N.B. If pupil has current involvement with OT / Physio' / ASD Outreach / SALT please state:

Service	Name of Practitioner & Contact details	Visits timetable (e.g. termly)	Current programme / targets
Occupational Therapy:			
Physiotherapy:			
ASD Outreach:			
Speech and Language Therapy:			
Other:			

Please ensure that the following section is completed by the <u>parents/carers</u> before returning this form.

N.B. IPaSS will liaise with the school directly, and ***<u>ask that the school keep parents informed of any future visits</u>*.**

Parent/Carer:

I consent to the referral of my son/daughter _____ to IPaSS and understand that an assessment may be carried out in school. IPaSS may need to carry out further visits if it is felt this would be of benefit to your son/daughter. The school will notify parents of visits by IPaSS Teachers. **Parents are welcome to attend visits if they wish to do so.**

As a matter of routine, we share information with the following professionals:

HCC Special Education Needs Section, HCC Educational Psychology, School/Pre-school settings, Physiotherapist etc

I/we give my/our permission for IPaSS to share information.	**Yes** ☐ **No** ☐
I give my permission for relevant medical information concerning my/our child (above) to be released to IPaSS.	**Yes** ☐ **No** ☐

You will receive a report regarding the visit. If you would like to discuss the visit over the telephone please provide a preferred contact number and time below:

N.B. Preferred contact time must be between 8.30am – 4.30pm.

Tel No.:		Preferred Time / Day:	
Signed:		Name:	
(Person having parental responsibility)		Date:	

School:

Signed:		Name:	
	(Headteacher)	Date:	
Tel No:		Email:	
Signed:		Name:	
	(SENCo)	Date:	
Tel No:		Email:	

Other Referrers *(if not the school)*:

Organisation:		Date:	
Name:		Signed:	
Tel No:		Email:	

Is the school aware of this referral? Yes ☐ **No** ☐

Please notify IPaSS of any future changes regarding the pupil e.g. change of surname/address/school.

Complete and return to:

Mrs Helen Sail
Integrated Service Manager
Oakfield School Site
220 Hopewell Road
Hull
HU9 4HD

Please ensure all parts of this form are completed as fully as possible; if not, your referral may be delayed or returned for more information.