

IPaSS - New Referral

Please Tick: Physical Team: **Hearing Team:** **Visual Team:**

Please ensure all parts of this form are completed as fully as possible otherwise the referral may be delayed or returned to you for more information. **Please note: Referrals to the Hearing Team will only be accepted for Hearing Aid users.**

| | | | | |
|---|--|--------------|--|----------------------------------|
| Name: | | DoB: | | Male: <input type="checkbox"/> |
| | | | | Female: <input type="checkbox"/> |
| Home Address: | | School: | | |
| Tel Number/s: | | Address: | | |
| Person(s) with parental responsibility: | | Tel: | | |
| School Year: | | SENCo: | | |
| | | SENCo Email: | | |
| | | Ed Psych: | | |

Referred by:

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

Reason for referral: (detail CYP's difficulties and impact of these in Pre School, School or College)

| Other Information | Please Tick (✓) or Cross (✗) |
|--|------------------------------|
| Is this a Looked after Child? | |
| Child Protection Register? | |
| SEN Support | |
| EHCP in place (indicate band/date of final copy) | |
| EHCP pending | |
| Statemented (indicate band/date of final copy) | |

For IPaSS Office Use Only

Updated January 2018

Referral Allocated to:

Date:

Current National Curriculum/EYFS/P-Scale Levels:

Date:

| Pre-school Children | Primary Pupils | | Secondary Pupils | |
|---|------------------------|--|--------------------|--|
| Please attach the child's most recent 'Ages and Stages Development Overview'. Note: Without this information the referral will be returned. | Writing | | English | |
| | Reading | | English Literature | |
| | Speaking and Listening | | Maths | |
| | Maths | | | |

Please summarise significant involvement of any other agency:

If the pupil has current involvement with the OT or Physio' please provide information:

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

Please detail interventions currently in place to meet pupil's physical, hearing or visual needs:

| Intervention | Since | How often? | Review Date | Outcome |
|--------------|-------|------------|-------------|---------|
| | | | | |

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

Parent/Carer:

I consent to the referral of my son/daughter _____ to IPaSS and understand that an assessment may be carried out in the home/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, Physiotherapy, Audiology, Ophthalmology, Speech & Language Therapy, Early Years Team etc

My/our preferred contact is (please indicate and provide detail):
(post, secure email, text, telephone, minicom)

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: | |
| Name: | | Date: | |
| Signed: | (Person with parental responsibility) | | |

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.

IPASS Privacy Notice

This notice explains what personal information we hold about young people we are working with, how we collect, how we use and may share information about them. We are required to give you this information under data protection law.

We can be contacted using the details at the bottom of this document.

We collect information in order to allow us to provide support to early years children not in formal educational setting who have additional medical, physical, learning, communication needs.

During our work we may collect the following information:

- Basic information (such as Name, Address, Dob, Gender) about the young person we are working with.
- Information about the Special Educational Needs, including medical information where this is appropriate of the child we are working with.
- Information about the School life (such as attainment and attendance) of the child we are working with.
- Information about the home life of the child we are working with and their family, including any involvement with Social Services.
- Details of the parent/carer and family of the child we are working with.

- Information from professionals/services that work or have worked with the child we are assessing.

We will process this personal information in accordance with the following conditions in the GDPR:

- 6(1)(a) the data subject has given consent to the processing of his or her personal data for one or more specific purposes – specifically for photos.
- 6(1)(c) processing is necessary for compliance with a legal obligation to which the controller is subject - duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.
- 9(2)(a) the data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject – specifically for photos.
- 9(2)(f) processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity; might be used in a complaint against the council regarding support for disabled child.
- 9(2)(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3.

We will receive information relating to the child we are assessing and their family from the child themselves, schools, the family, other council departments, other external professionals with the family and any other agency who is working or has worked with the child or family in the past.

We may share your personal information with the child's school or educational setting, other professionals involved with the child and other local authorities (if the child moves home address).

In line with our statutory obligations we will keep any work that we do until the child the work relates to reaches 30 years of age.

More details about how Hull City Council uses personal information can be found on our website - <http://www.hull.gov.uk/help/privacy-notice>

If you would like to enquire about how your personal information is processed by us or wish to complain please contact:

Hull City Council
Data Protection Officer
Room 11
The Guildhall
HULL
HU1 2AA

Complete and return to:

Mrs Jan Kingston
Manager of IPaSS and the Language Unit
Oakfield School Site
220 Hopewell Road
Hull
HU9 4HD

IPaSS, Oakfield School Site, 220 Hopewell Road, Hull, HU9 4HD

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

