**SASS Referral Form 2022-23**

***The service is for children and young people who are resident in Bath and North East Somerset and who attend educational settings within B&NES.***

***\*Support may be provided in other circumstances, such as CYP attending educational settings outside B&NES or those who are electively home educated (EHE). These will be decided on a case by case basis in agreement with the commissioner. All of the above MUST still be resident in Bath and North East Somerset.***

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| **Name of child/adult:** |
| **Date of birth:** | **Current year group:** |
| **Home address:****Tel number:****Parent / Carer name:****Parents’ email address if available:** |
| **EHCP?** *Yes / applied for / No*  | **Looked after?** *Yes / No* |
| **Please confirm that you have signed or documented permission from parents/carers for this referral if aged under 16.** *Yes/No* |
| **Please confirm that you have signed or documented permission from young person for this referral if aged 16 or above, including permission to discuss their needs with parents and professionals as appropriate.** *Yes/No* |

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| **Referral by key person:** *\*Please note this referral form should be completed by a key person who knows the child/adult well and has the most daily interactions with them within their education setting, for example a teaching assistant/teacher.* *\*The referral form should then be agreed by the setting’s SENCO or Headteacher.* |
| **Key person:****Role:** **Contact email:****Contact tel no:** | **Address:** |
| **SENCO/Head teacher:** **Contact email:****Contact tel no:**  | **Address:** |
| **Date of request:** |
| **Name of education provider if not referring:***\*Please note we can only accept referrals from Health professionals for children under 5.* |

***Which of our service criteria does this child/adult meet (Please indicate):***

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| *Autistic children and young people attending B&NES early years settings, schools and academies and FE with or without an EHCP (up to age 18 years)* |  |
| *Autistic children and young people attending education providers outside B&NES who have an EHCP (up to age 18 years)****\*Requires approval from service commissioner*** |  |
| *Autistic young adults who have an EHCP (aged between 18 and 25 years)**attending an education provider within B&NES*  |  |
| *Autistic young adults who have an EHCP (aged between 18 and 25 years)* *attending an education provider outside B&NES* ***\*Requires approval from service commissioner*** |  |

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| *C:\Users\rtranter\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\E658D9B4.tmp* | *AET ‘Making Sense of Autism’ Training**In order to receive support from SASS, all schools must have received AET MSA Training / have booked to receive this in the upcoming year. This can be delivered to your setting for free by one of our team members.**To book training, please contact* *sass@fossewayschool.com* |

***Please note that we must receive the following to process your referral***

***Please complete checklist below and provide accompanying evidence:***

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| **1** | ***Autism Diagnosis: Please confirm Autism/ASD diagnosis and attach written confirmation*** *(unless re-referral)*  |  |
| **2** | ***SEN Support:*** *As evidence of the Graduated Approach, attach ‘Assess Plan Do Review’ or equivalent EYFS document, referencing Universal Support provision, strategies currently being implemented and use of AET Progression Framework. This should be an up to date reflection of what autism specific support is being provided for the young person.* ***\*Please note that we cannot accept referrals without a completed APDR document which details the above. An example document can be sent to you on request. If the APDR form does not contain the appropriate level of information, this may be returned and the referral put on hold.*** |  |
| **3** | ***EHCP:*** *Please attach copy of EHCP and last annual review meeting notes.* |  |
| **4** | ***Name of Autism Champion:*** *Please provide name of Autism Champion.* *If you do not have an Autism Champion in your setting, contact* *sass@fossewayschool.com* *to discuss allocation of your champion and book onto network dates.* |  |
| **5** | ***Date of AET MSA Training attended for your whole school:****Please indicate if your setting has received AET Training in the last 2 years.* |  |
| **6** | ***Use of Progression Framework:****Please download the AET Progression Framework from the AET Website:* [*https://www.autismeducationtrust.org.uk/*](https://www.autismeducationtrust.org.uk/) *as SASS team members will be supporting you to use this framework within your setting.* |  |
| **7** | ***Details of other agencies involved:*** |
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| ***Please provide a summary of specific issues for which you are seeking support:*** |

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| **Please indicate as applicable and provide key info:** |
| Change of circumstances for autistic individual: (Yes / No)Explanation:  |
| Risk of placement breaking down: (Yes / No)Explanation:  |
| Attendance causing concern: (Yes / No)Explanation:  |

Please email completed form and attachments to sass@fossewayschool.com

**NB Please password protect the document and attachments and send separate email with password used**

or send to:

Specialist Autism Support Service, Fosse Way School, Longfellow Road, Radstock, Bath BA3 3AL

Telephone number: 01761 412198 Ext. 2

**Please send your completed form and accompanying documents electronically where possible.**

***Assess-Plan-Do-Review***

as part of a **Graduated Approach**

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| **Date completed:**   **Version:**  **Name**: **Date of review:**  |

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| **Assess** – Please indicate assessments that have been carried out and any input from outside agencies. |  |
| **Plan** – Please show the targets that have been set and how, for those with an EHCP, they are linked to the outcomes. | 1. |   |
| 2. |   |
| 3. |  |
| **Do** – Please indicate the support put in place to deliver the above targets – who, how often, how long, etc. | 1. |  |
| 2. |  |
| 3. |  |
| **Review** – Reflect how the above targets have been achieved and show the new/updated targets on a new version of the *Assess-Plan-Do-Review* plan. | 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |