



NEWTS

Northamptonshire Education
Wellbeing and Teaching Services

Referral Form

This form is designed to help identify all current concerns and determine whether the pupil's placement at NEWTS is suitable and will be beneficial. Please return the form to info@newts.uk

Once the form is reviewed, NEWTS will contact you.

Person making the referral and position:		Email address:	
		Telephone number:	
Name of Individual referring:		Date of referral:	
Current Educational Situation:		Gender:	Looked After Child (LAC):
DOB:	AGE:	Current year in education:	
Education History/Schools or Provisions attended:		First language:	
		EAL: Yes/No	
Approximate School Attainment in English: Reading: Writing: Spelling:		Approximate School Attainment in Maths: Number calculation: Maths Reasoning: Or overall attainment:	

The following Information is used to help triage you to the most appropriate service/professional.

Please highlight any of the areas that may be a current concern or have been investigated:

**Is there a diagnosis of any of the following?
(Please date. Reports will be requested)**

Attention / Concentration issues

Memory

Visual Disturbance

Gross Motor Co-ordination

Fine Motor Co-ordination

Anxiety

Mental Wellbeing Issues

Speech and Language issues

Attachment Issues / Trauma

Eating difficulties

Maths difficulties

Maths Anxiety

Behavioural Difficulties

Other

Autistic Spectrum Condition (ASD/ASC)

Attention Deficit Hyperactive Disorder (ADHD)

Dyspraxia

Dysgraphia

Dyscalculia

Attachment Conditions

Anxiety Conditions

Specific Language Disorder

Developmental Language Delay (DLD)

Hearing (Does the child have a Teacher Of the Deaf?)

Physical Condition

Mental Health Condition

Other

Any Other Information:

Needs wheelchair access

Access to a disability toilet (unfortunately, we cannot provide any intimate toileting care)

Allergies

Please detail any other information you feel it may be beneficial for us to know.

- **Please attach any relevant copies of reports or samples of work that support this referral. Also, confidential reports will be electronically deleted or shredded after use.**

Signed:

Print name:

Date:

Relationship to individual if under 18 years: