



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:

<p>The following Information is used to help triage you to the most appropriate service/professional.</p>		
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		Autistic Spectrum Condition (ASD/ASC)
Memory		Attention Deficit Hyperactive Disorder (ADHD)
Visual Disturbance		Dyspraxia
Gross Motor Co-ordination		Dysgraphia
Fine Motor Co-ordination		Dyscalculia
Anxiety		Attachment Conditions
Mental Wellbeing Issues		Anxiety Conditions
Speech and Language issues		Specific Language Disorder
Attachment Issues / Trauma		Developmental Language Delay (DLD)
Eating difficulties		Hearing (Does the child have a Teacher Of the Deaf?)
Maths difficulties		Physical Condition
Maths Anxiety		Mental Health Condition
Behavioural Difficulties		Other
Other		
Any Other Information: <p>Needs wheelchair access</p> <p>Access to a disability toilet (unfortunately, we cannot provide any intimate toileting care)</p> <p>Allergies</p>		
Please detail any other information you feel it may be beneficial for us to know. <ul style="list-style-type: none"> • 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. 		
<p>Signed: _____ Print name: _____ Date: _____</p> <p>Relationship to individual if under 18 years:</p>		