All8 Sensory Support Referral Form

Please fill out the form giving as much information as possible that is relevant to the referral. Facilitation is dependent on the information given, in order to ensure bespoke sessions are planned to meet the needs of each individual learner. Once complete, this form will be secured in a GDPR compliant manner.

Referrer Details

Name of referring organisation and position held by referrer:

Name of organisation (e.g., School, Council, etc…)	Position held by referrer

Name of refer (person completing this form:

First name	Last name

Referrer e-mail:

example@example.com

Referrer phone number:

Referrer address:

Organisation (School/College/Social Care/Health Care/Private Referral)

Street Address

Town/City

County

Postcode

Learner Details

Name of learner being referred:

First Name | Middle Name | Last Name

Learner date of birth:

Day | Month | Year

Learner address:

Street Address

Street Address

Town/City

County

Postcode

Is the learner looked after or adopted:

Looked after	☐
Adopted	☐
N/A	☐

Name of learner's parent/carer:

First Name	Last Name

Parent/Carer e-mail:

example@example.com

Parent/Carer phone number:

Area code	Phone number

Please indicate all the areas you believe the learner will be interested in:

Being Creative	☐
Engaging in practical activities such as bouncing, spinning, balancing	☐
Engaging in calming activities	☐
Being outdoors and taking part in forest school style activities	☐
Interacting with animals (this is sometimes possible, but not the focus of the sessions)	☐

Significant diagnosis relevant to the referral:

Please include any medical issues that we should be aware of, including allergies:

Reason(s) for referral:

What are the difficulties being experienced by the learner and how is this impacting their experience of education/home life/social interactions and relationships? Please be as specific as you can as this helps us to plan sessions.

Are there any specific needs that the facilitator should be aware of that may impact on the session:

For example, what sensory needs have been identified; behaviour triggers; high levels of anxiety which prevent engagement; language difficulties. Please be as specific as you can as this helps us to plan sessions.

Are there any safeguarding issues:

If IFD are involved with the learner please give details of main contact.

Will the learner be safe in an open space where there is a public right of way?

Yes ☐

No ☐

If No please see below

Learners will be 1:1 supervised at all times but we cannot accommodate learners who may run from the premises or may be at risk of leaving. Please contact us to discuss if you feel there would be a risk.

We send reports out at the end of terms 2, 4 and 6. Please let us know who you would like these reports copied to (select as many as applicable):

The referrer	☐
Parents/carer	☐
Other professionals involved, please give contact details below	☐

Details of other professionals you would like to receive learner reports.

What are your expectations of the sessions and how do you feel our sessions will best support them:

Please give 2-3 initial outcomes for staff to work towards during the sessions.

Who is funding the sessions:

Please see out terms and conditions.

E-mail for sending invoices:

Any other information that you feel is important for us to be aware of:

Please see out terms and conditions.

Referral Checklist

Please note that we require this referral, an EHCP (where applicable) and signed permission forms prior to sessions starting. Any relevant safeguarding information should also be share prior to the first session. I can be contacted on 07511 258396 as needed to discuss and sensitive information.

Please be aware that there are animals onsite at all times, even though we are not often working directly with them.

Has the learner's EHCP been attached to referral:

Yes	☐
No	☐
Does not have an EHCP	☐
EHCP in progress	☐

Have the following permission forms been given to parents/carers for completion:

Participation permission form	☐
Data permission form	☐
Covid policy	☐

Please ensure these are returned or brought to the first session. We will be unable to start the sessions without these signed.

Referrer Signature:

Date of referral:

Day	Month	Year