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| **CLIENT INFORMATION** |
| Client’s full name: Date Of Birth: Gender: Male Female Other Please specify:Home Language/s:**CURRENT PLACEMENT**Preschool/School/College/Home Education/Other: **LOCAL AUTHORITY CONTACT DETAILS**Name SEN Casework Manager:Email address:Tel: |
| **REASON FOR REFERRAL****ANTICIPATED TRANSITION TIMELINE**Awaiting EHCP [ ] Funding approved [ ]  date ………………….Waiting on Tribunal Hearing [ ]  date ………………….To be decided at panel meeting date ………………….Other [ ]  Please give details |
| FURTHER INFORMATION |
| Please state any relevant information from previous professional assessments/intervention |
| **Diagnosis/needs:** |
| Please note we must receive the following by Egress/secure email.Please tick below to confirm these have been sent: Latest EHCP [ ] Annual Review Documents with latest outcomes [ ] All latest professional reports (SaLT, OT, EdPsych) [ ] Social care information [ ]  |

 ***Thank you for your referral request.***

***A member of the Sundial Therapy team with be in touch within 5 working days during term time.***