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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.***