

# Garratt Park School Advisory Service

Waldron Road, London, SW18 3TB  
Tel: 0208 946 5769 Fax: 0208 946 5605

Head of Advisory Service: *Jo Brooks*



Email: [a\\_advisoryservice@garrattpark.wandsworth.sch.uk](mailto:a_advisoryservice@garrattpark.wandsworth.sch.uk)  
[www.garrattpark-advisoryservice.com](http://www.garrattpark-advisoryservice.com)

## Individual Referral Form

### STUDENT DETAILS

School Name:	_____	SENCO Name:	_____
Student Name:	_____	Date of Birth:	_____
Class Teacher/Tutor:	_____	Student Year Group:	_____
School Contact:	_____	Referral Date:	_____
Student Address:	_____ _____		
Parent/Carer name:	_____	Parent/Carer number:	_____
Home Language/s:	_____		

### Eligibility Criteria

- 1 Has student been diagnosed with an Autistic Spectrum Disorder or Semantic Pragmatic Disorder? Y N
- 2 Is student a Wandsworth resident Y N
- 3 Does the student have a statement or on School Action Plus Y N  
Please Circle appropriate STATEMENT SCHOOL ACTION PLUS

Please note if the answer to any of the above questions is **NO** then the student does not meet the Advisory Service criteria

- 4 Is student known to any of the following (please tick):

SLT  If yes please attach programme

OT  If yes complete attach programme

Outline areas of concern for SLT:


Outline areas of concern for OT:


### Additional Services involved

Please indicate if any of the following services are involved with the student and if reports are available.

Services Involved	Reports
CAMHS	<input type="checkbox"/>
Ed Psych	<input type="checkbox"/>
VI Service	<input type="checkbox"/>
HI Service	<input type="checkbox"/>
BLSS	<input type="checkbox"/>

Identified under achieving group	Reports
Looked After	<input type="checkbox"/>
SEN	<input type="checkbox"/>
Minority ethnic group	<input type="checkbox"/>
Limited English Fluency	<input type="checkbox"/>

Further Comments:

_____
_____
_____

**Education Information**

**Primary Needs of Student: (Part 2 of Statement) or Action Plus (Identified difficulties in CAHMS/ED Psych Reports)**

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**What strategies or support have you already tried?**

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**What outcome are you hoping for from Advisory Service Intervention?**

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**Levels of Attainment**

English: \_\_\_\_\_ Date: \_\_\_\_\_

Maths: \_\_\_\_\_ Date: \_\_\_\_\_

Science: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of the student's Statement, IEP and all professional reports to avoid delays in the processing of this referral**

**Occupational Therapy information**

**Section 4** – Does the student present with difficulties in any of the following (please tick):-

- Gross Motor Skills** – e.g. Moving around school, maintaining a sitting position, general clumsiness etc
- Fine Motor Skills** – e.g. Scissor Skills, Handwriting
- Cognitive Functions** – e.g. Concentration, sequencing the activity, organising his/her space
- Independence Skills** – e.g. Getting changed.

**Please give as much additional information as possible.**

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**Please return completed referral along with any relevant reports to:**

**Janice Button  
Garratt Park School Advisory Service  
Waldron Road  
London  
SW18 3TB**