

**Physical Difficulties Support Service**

**Referral Form**

WE ACCEPT REFERRALS FOR CHILDREN AND YOUNG PEOPLE WITH MODERATE/SIGNIFICANT PHYSICAL DIFFICULTIES OR A MEDICAL DIAGNOSIS AS THEIR PRIMARY AREA OF NEED

\* Please read the Guidelines for Referrals at the bottom of the form before completing this form\*

This form MUST be completed by the SENCO/professional working with the child.

All sections of the referral and consent forms MUST be completed in order for the referral to be triaged.

**Please email completed forms to -** [**PDSSReferral@birmingham.gov.uk**](mailto:PDSSReferral@birmingham.gov.uk)

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| **Personal Details of Pupil** | | | | | | | | | | | | |
| Forename: | Surname: | | | | | Preferred name: | | | | | | |
| Date of Birth: | | | Gender: | | | | | | | | | |
| Year Group: | | | Preferred language: | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | EHCP | Y | N | | SSPP | Y | N | | EYS PLAN | Y | N | | | | |  |  |  | | --- | --- | --- | | Child Protection Plan | Y | N | | Child in Need Plan | Y | N | | Looked after child | Y | N | | | | | | | | | | |
| Wheelchair User: Y/N | | | | | | | | | | | | |
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| **Placement Details** | | | | | | | | | | | | |
| School/Setting: | | Tel No: | | | | | | | | | | |
| Address: | | SENCO Name: | | | | | | | | | | |
| Postcode: | | SENCO Email: | | | | | | | | | | |
| SENCO working days | | Mon | | | Tues | | Wed | | Thurs | | Fri | |
| am | | pm | am | pm | am | pm | am | pm | am | pm |

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| **Pupil’s strengths, likes, interests etc.** |
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| **Referral Information** | | | | |
| Details of condition/diagnosis and health needs: | | | | |
| Details of moderate/significant Gross Motor & Mobility Difficulties: | | | | |
| Details of moderate/significant Fine Motor, Daily Living skills, Personal Care and Hand Function Difficulties: | | | | |
| What provision/interventions are already in place to support the pupil? | | | | |
| Please give details of all other educational agencies involved (e.g., E.P., PSS, CAT) | | | | |
| Name | | Agency | | Contact Details |
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| Please give details of all medical agencies involved (e.g., Hospital Consultant, Physiotherapist, Occupational Therapist)  Please enter names with contact details below IF KNOWN | | | | |
| Name | Agency | | Contact Details | |
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| **Parents/Carers details** | | |
| Forename: | Surname: | |
| Forename: | Surname: | |
| Home Address:  Postcode**:** | | |
| Tel No: | Relationship to Child: | Parental responsibility: Yes |
| Email: | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Communication with the child and family** | | | | | Child’s first language |  | Language used within the home |  | | Is an interpreter required for parents? | Yes  No | If so, which language? |  | | | |

**Physical Difficulties Support Service**

click on the link below to access PDSS information on the local offer.

[Physical Difficulties Support Service | Local Offer Birmingham](https://www.localofferbirmingham.co.uk/send_support_services_menu/physical-difficulties-support-service/)

**Criteria for Referral**

* Children and young people with moderate/significant physical difficulties as their primary need.
* Children with a medical condition, which affects their physical access to the school day.
* Children and young people from 2 years old (N-2) in a nursery setting up to Year 11 will be accepted.

**We do not accept referrals for** –

* Children with Global developmental delay where their physical difficulty is in line with their development in other areas.
* Children with a diagnosis of ASD unless they have a significant physical difficulty.

**Information and Guidelines**

All referrals must be completed by Educational or Healthcare Providers using the PDSS referral form.

* We can only accept referrals that are signed by parents/carers and or the designated person for a Looked after Child. (See consent form)
* It is essential that the SENCO’s email address is on the form.
* Please email the completed referral and consent forms to [**PDSSReferral@birmingham.gov.uk**](mailto:PDSSReferral@birmingham.gov.uk)
* All referrals are triaged by the PDSS Team.
* If the referral does not meet our criteria, we will notify you of this and signpost you to other external agencies and appropriate training available.
* If the referral does meet PDSS criteria we will contact, you to arrange an initial visit.
* Following the initial visit, PDSS will provide advice and inform the setting/school of what future provision is required.
* You will be notified if the pupil meets the eligibility criteria for ongoing active PDSS support.