****Leamington Community Primary ‘Together we make a difference’

 **SENCO Referral Form**

**Please complete and return to Natalie Boyd on** **SENCO@leamington.liverpool.sch.uk**

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| --- | --- | --- | --- |
| Pupil Name: |  | Class: |  |
| Teacher: |  | Date: |  |
| Person referring child: |  | Relationship to child |  |
| Please circle which areas are causing concern: |
| Communication and InteractionCognition and learningSocial, emotional and mental health difficultiesSensory and/or physical difficulties | Other (please specify) |
| Please describe any issues the child is having |
|  |
| Is there any additional information the school should be aware of?  |
|  |
| What are the next steps? (SENCO notes) |
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