

**Reception Inclusion Pathway Planning (RIPPL)**

**Referral Form**

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The RIPPL team aim to build relationships with children and their families who have been identified by a professional who are 2-4 years old and have additional needs and a disability and may require further support to ensure the best outcome is achieved when transitioning into Reception in a Maintained Mainstream school.

The RIPPL team will build a ‘Transition Profile’ to capture a clear holistic understanding of the child’s needs, the support that is currently in place and the family’s aspirations for their child’s education. This information will enable the RIPPL team to work closely with the family. The family will gain a greater insight of how the mainstream school would provide appropriate provision for their child and what this support would look like through Quality First Teaching, Ordinarily Available Provision, and advice from specialist support agencies available in Surrey.

The RIPPL team will also facilitate engagement and encourage collaborative working between the Early Years professionals, Health professionals and the primary teaching staff by coordinating a seamless transition plan which is then implemented by Early Years practitioners in the summer term and is continued by Reception teaching staff in September to support the child’s educational journey.

The RIPPL team will continue to support the child and family and work with the mainstream school until the end of second school term to ensure that the planned provision is in place and to review the support to identify the impact upon the child’s educational needs.

**Reception Inclusion Pathway Planning**

**Referral Form:**

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| **To be completed with reference to the criteria above**The RIPPL team will triage all referrals and decide whether support is required. Please enclose as much information as possible including **professional reports, support plans, developmental tracking** etc. |
| **SECTION A - Child’s information** |
| **Child’s Name**: |  | **Date of Birth**: | **Gender**: |
| **Address**:  |  | **Name of Parent/Carers**: |
| **Phone Numbers**: |  | **Email Address** (please include for communication): |
| **Ethnicity**: |  | **First Language**: |

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| **SECTION B - Early Years Setting information** |
| **Early Years Setting**:**Email Address**:**Phone Number**: | **Sessions attending:** **NCY:****Early Years SEND Advisor:**  |
| **Has EIF funding been awarded? Yes/No****\*If yes, please confirm which level****Universal Plus****Targeted****Enhanced** | **Is there a completed SSP in place? Yes/No** **\*If yes, please attach most recent plan****Has an EYIPP meeting been held? – Yes/No** |
| **SECTION C - Professionals involved** |
| **Professionals involved, please attach reports/clinic letters**Speech and Language Therapist - Yes/NoPaediatrician - Yes/No Physiotherapist - Yes/NoOccupational Therapist – Yes/NoCommunity Nursery Nurse - Yes/NoEarly Support/family centre - Yes/No REMA - Yes/NoOther - please specify: |
| **Has the child been referred to a Paediatrician or has a specific diagnosis? –** please attach reports/details of when referred.  |

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| **Has the child:****Been accepted for LEAP – Yes/No****Been accepted for CAPP – Yes/No****Been accepted for PPP – Yes/No** **Been accepted for STEPs phase 3 – Yes/No** | **Has the child been agreed by panel for a Request to Assess – Yes/No****Does the child have an EHCP in place? – Yes/No** **If yes – when is the Annual Review due?**  |
| **Section D - School** |
| **Mainstream School confirmed for Reception:** | **Parental preference for Reception:**  |

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| **Parental comments**: |
| I agree with this referral request for support from the Reception Inclusion Pathway Planning Lead for 2024/2025. Name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/ Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLEASE NOTE we are unable to process this referral without either a written signature or an email to the RIPPL inbox (***see below***) from the parent/carer giving the child’s name, DOB and consenting to the above statements.** |

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| Referred by: | Position: |
| Contact address:  | Email address: |
| Phone Number: |
| Has this referral has been fully discussed with the family: Yes/No | Does the family require a translator: Yes/No |

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| **Completed forms and supporting documentation:** **Please return via egress to –** **RIPPL@surreycc.gov.uk****Please can you put the quadrant area for the referral in the subject box of your email.**  |