



**Early Intervention Team
Pupil referral form**

PUPIL REFERRAL FORM		
To be completed by the professional referring the pupil for Early Intervention Support		
Name of pupil: UPI number:		D.O.B:
Year group:	Languages spoken at home:	Ethnic group:
Eligible for Free School Meals? Yes/No		
School name and address:		
Date started in current school:		
School phone Number:		
Name of referrer:		
Email:		
Any medical needs:		
Any professionals currently working with the pupil eg Occupational Therapy, CAMHS:		
Reason for referral:		
Support needed:		

What strategies are already in place?

What are the pupil's motivators?

Other information:

Please return this form to: The Chiltern School
Early Interventions Team
Kingsland Campus
Parkside Drive
Houghton Regis
Bedfordshire
LU5 5PX
sendoutreach@chiltern.beds.sch.uk

DATA PROTECTION ACT 1998: ASSURANCE OF FAIR PROCESSING

Please note that the details supplied regarding this pupil will be held in a pupil file and / or computerised records. These details may be disclosed to other agencies directly involved in the support of the pupil, for example Health, Social Services and other Education Services. They will not be divulged to any other individuals or organisations for any other purposes.