

Haxby Road SLCN ERP Referral (Updated March 2026)

ERP Application form for children with a MSP (or equivalent)

Please complete each section of the form rather than cross referencing to any attachments

Where is the referral for

| | |
|-----|--|
| ERP | Haxby Road C&I ERP Part Time dual registered place |
|-----|--|

Who is the referral for

| | | | |
|-------------------------------|--|---|---|
| Child / Young Person's Name | | | |
| Date of Birth / Male / Female | | M | F |
| Home Address | | | |
| | | | |
| | | | |
| Post Code | | | |

The child's family contact details

| | |
|----------------------------|----------------|
| Parents / Carers Name(s) | |
| Home Telephone Number | |
| Mobile Number(s) | |
| Email Address | |
| Family Language | |
| Family Communication Needs | e.g. text only |

| | |
|---|--------|
| Name of School or Setting | |
| Name of SENCo completing form | |
| Date of LSH outreach support | |
| CAMHS report attached | Yes/No |
| SaLT report attached | Yes/No |
| Recently reviewed MSP or equivalent attached which clearly shows progress towards agreed outcomes | Yes/No |
| Current progress data | |

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| | |
|--|--|
| Testing Standardised Scores | |
| Description of needs | |
| Current Provision | |
| Evidence of interventions being used and impact What is working well? | |
| Detail of teacher / TA support time allocated | |
| Parent Voice | |
| Child Voice | |

| Parents name | Signature to give consent for application | Date |
|--------------|---|------|
| | | |

Please return this referral form with all supporting reports and signed parental consent (including signed privacy notice)

Referrals will not be accepted without parental consent

CYC SEND Privacy notice can be found at

<https://www.york.gov.uk/privacy/SpecialEducationalNeeds>

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| I give my consent for my personal information as described in the privacy notice above. | | |
|---|-----------|------|
| Name | Signature | Date |
| | | |
| | | |

Head teacher / SENCo has confirmed that signed consent has been given and will be stored safely and securely in accordance with Data Protection legislation and their organisations own information sharing protocol (please tick)

| Head teacher / SENCo Name | Signature | Date |
|---------------------------|-----------|------|
| | | |