

RF1: Teacher of the Deaf Team Referral Form



Please complete all fields within each section & upon completion post to Teacher of the Deaf Team Administrator, SEN Services, Teacher of the Deaf Team, Grange Street, Alferton, DE55 7JA or email Sensory&PhysicalSupportService@derbyshire.gov.uk

Section 1: Child Referred

First Name:	_____	Address:	_____		
Surname:	_____	Town:	_____		
DOB:	_____	County:	_____		
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Postcode:	_____
EHCP: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Home Tel. No:	_____
Looked after child: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Section 2: School/Setting Attending

School/Setting Name:	_____	Address:	_____
Contact Name:	_____	Town:	_____
Position/Role	_____	Postcode:	_____
Contact Tel. No:	_____	Borough Council:	_____
Email:	_____	Sch. Nurse Consulted?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3: Referrer

Name:	_____	Job title:	_____
Contact No:	_____	Email:	_____
Signature:	_____	Date:	_____

Section 4: Medical Professionals Involved

Please list all education and/or medical professionals involved with this child.

Profession	Name	Organisation	Contact Number

Section 5: Reason for Referral

Please provide details of the child's hearing impairment and details of relevant general health and development information. Where appropriate list any actions already taken and ensure you attach any supporting documents.

Section 6: Audiological Information for Hearing Impairment Referrals

Puretone	Left	Right	Freefield	Thresholds	Bone Conduction	Thresholds
250Hz			250Hz		250Hz	
500Hz			500Hz		500Hz	
1KHz			1KHz		1KHz	
2KHz			2KHz		2KHz	
4KHz			4KHz		4KHz	
6KHz			6KHz		6KHz	
8KHz			8KHz		8KHz	

Section 7: Understanding Your Child

To be completed by parent/carer

To help us understand your child's difficulties please tell us something about them e.g. what are they like in outdoor situations, play, social situations, watching TV, etc. It would also be helpful if you could share any health and development information and any relevant medical details other than their hearing impairment.

Is an interpreter required to attend meetings etc? Yes / No If yes, in which language? _____

Section 8: Consent

Targeted and Specialist are committed to protecting your privacy in accordance with current GDPR regulations and will always treat your data as confidential. We will not share it without your consent unless we are required to do so by law or unless you or any other person will come to some harm if we don't. The information you provide will ONLY be used for the purpose of supporting your child's needs.

By signing below you are giving your consent for the personal information outlined above to be used for the purposes described but you have the right to withdraw your consent at any time by contacting sensory&physicalsupportservice@derbyshire.gov.uk. **Where possible please provide us with both a contact number and an email address.**

I/We are the parent/carer with parental responsibility and give permission for the SPSS team to:

- Contact and share relevant information with other educational and social care professionals
- Undertake visits and functional assessments according to your child's needs
- Have access to and share general health and development information with other health professionals
- Contact me using the information provided below

Name:	<input type="text"/>	Name:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Contact no:	<input type="text"/>	Contact no:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

For further details on how we use your information, how we keep it secure, how long we keep it for, your rights and who to contact if you have any concerns on how we use it visit www.derbyshire.gov.uk/privacynotices or email gdpr@derbyshire.gov.uk or write to us at Data Protection Officer, Derbyshire County Council, Legal Services, County Hall, Matlock, DE4 3AG.