

**SENSORY SUPPORT TEAM**

Children, Young People and Learning

**Sensory Support Team Referral Form**

**Please note: The SST takes referral for children with a medical diagnosis of hearing, visual or multi-sensory impairments.**

Please use BLACK INK and before submitting your referral, please check that you have included the following:

🞏 A copy of a recent **MEDICAL REPORT** relating specifically to the child or young person’s visual impairment, hearing impairment or multi-sensory impairment.

🞏 A completed **PARENTAL PERMISSION FORM**.

🞏 A completed **REFERRAL FORM**, stating the reason for the referral.

**Please note that referrals WILL NOT BE PROCESSED unless all of the above have been submitted.**

**Once all the completed paperwork has been received, we will respond within 4 weeks (term time only).**

**Paperwork for any incomplete referrals must be submitted within 2 months of the original referral date. After this time it will be assumed that the referrer no longer wishes for the referral to be processed.**

For information on how we process your data, please see the [West Sussex Sensory Support Team Privacy Notice](https://www.westsussex.gov.uk/about-the-council/information-and-data/data-protection/privacy-notices/sensory-support-team-privacy-notice/)

Name of CYP: DoB:

Name of School/ Pre-school/ Agency:

Referrer’s name and contact details:

Relationship to CYP: (SENCo / class teacher/ etc):

|  |
| --- |
| **Details of visual/hearing/multi-sensory impairment** |

**Please state clearly the reasons for referral.** Please note that this information is required in order to process the referral appropriately.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that we require written parental permission before we are able to proceed with this referral.**

Please return to:

Sensory Support Team at the address below

Sensory Support Team

West Sussex County Council  
Floor 3  
County Hall North

Chart Way  
Horsham  
West Sussex, RH12 1XH

Direct line: 01903 270430

Alternatively email [sensory.support@westsussex.gov.uk](mailto:sensory.support@westsussex.gov.uk)