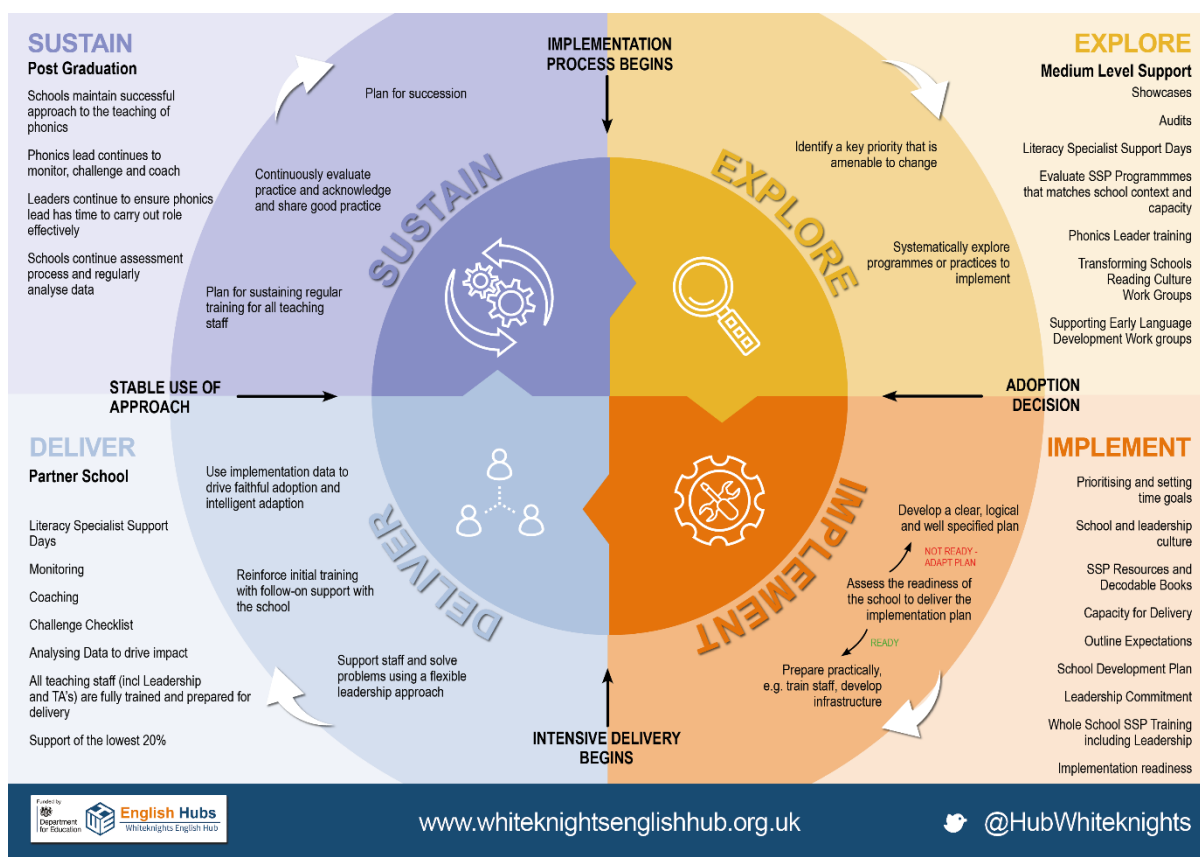


SELF-REFERRAL FORM



We are delighted that you are interested in the support in early language and reading teaching that we are offering as an English Hub school. Please provide as much information below as possible. We will use this to prioritise among schools where there are more applications than we can accommodate.

School Information			
School Name			
Postcode		URN	
Headteacher		Headteacher Email	
Reading / Phonics Leader		Reading/Phonics Lead Email	
School Business Manager		SBM Email	
Phonics Screening Check Results	2019	2022	2023
Number of pupils in EYFS/KS1		Pupil Premium %	
SEN%		EAL%	
Latest Ofsted grade and Date			

Additional Contextual Information

Any relevant contextual information about your Phonics Screening Check scores:

Any relevant contextual information about your school – e.g. new leadership team, high mobility

Are you currently receiving any early language or literacy support?

Yes No

Please provide details:

Current Provision for Systematic Synthetic Phonics

Phonics Programme:

Date of most recent training:

How many years has this programme been in place?

Any other relevant information:**Primary contact for follow-up**

Name

Email

Contact Number