**** Fersiwn: 08/03/2022

**Ffurflen gyfeirio ar gyfer ystyried Darpariaeth Ddysgu Ychwanegol a / neu Ddarpariaeth Gofal Iechyd Ychwanegol**

***Referral Form to determine Additional Learning Provision and / or Additional Health Care Provision***

Os ydych chi’n dymuno cefnogaeth i lenwi’r ffurflen, cysylltwch â’r Gwasanaeth ADYaCh

*If you would like support in completing the form, please contact the ALN&I Service*

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| **Pwrpas y ffurflen gyfeirio hon ydy (ticiwch y bocs os yn berthnasol) /** ***The purpose of this referral form is (tick the box if relevant)*** |
| **1** | Galluogi'r Awdurdod Lleol (ALl) i benderfynu p’un a oes gan blentyn / person ifanc anhawster dysgu neu anabledd sy'n galw am ddarpariaeth ddysgu ychwanegol (DDdY). Deddf Anghenion Dysgu Ychwanegol a’r Tribiwnlys Addysg (Cymru) 2018*To enable the Local Authority (LA) to decide whether a child / young person has a learning difficulty or disability which calls for additional learning provision (ALP).*  *Additional Learning Needs and Education Tribunal (Wales) Act 2018 Act for Wales* |[ ]
| **2** | Hysbysu'r Awdurdod Lleol (ALl) am anghenion gofal iechyd y plentyn / person ifanc er mwyn sicrhau y gall cynllun gofal iechyd unigol ddiwallu anghenion y dysgwr. Deddf Cydraddoldeb 2010*To inform the Local Authority (LA) about the child / young person’s health care needs in order to ensure that the needs of the learner can be met by an individual healthcare plan. Equality Act 2010* |[ ]
| **3** | **Iechyd**: yn hysbysu’r Awdurdod Lleol eu bod yn darparu mewnbwn ar y lefel gyffredinol / a dargedir.***Health****: notifying the Local Authority that they are providing input at universal / targeted level* |[ ]

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| Bydd y cyfeiriad hwn yn cael ei drafod mewn Panel cymedroli, sy'n cynnwys cefnogaeth a chyngor Seicolegydd Addysg *This referral will be discussed at a moderation Panel, which includes the support and advice of an Educational Psychologist*  |

**Gwybodaeth am y Plentyn neu’r Person Ifanc / *Information about the Child or Young Person***

|  |  |  |  |
| --- | --- | --- | --- |
| Enw Llawn /*Full Name*: | >  | D.G. / *DoB*: | > |
| Enw Dewisol / *Preferred Name*: | >  | Rhywedd / Gender: | > |
| Rhif ffôn / *Phone number*: | >  | E bost / *Email*: | >  |
| Dull cyfathrebu dewisol / *Preferred means of communication* : | E-bost / E-mail |[ ]  Post : |[ ]
| Cyfeiriad Cartref /*Home Address* : | >  | Cod Post / *Post code :* | >  |

|  |  |  |  |
| --- | --- | --- | --- |
| Enw Rhiant neu Gwarcheidwad*/ Parent or Guadian’s Name*: | >  | Cyfrifodeb Rhiant/ *Parental Resposibility*: | > |
| Rhif ffôn / *Phone number*: | >  | E bost / *Email*: | >  |
| Dull cyfathrebu dewisol / *Preferred means of communication* : | E-bost / E-mail |[ ]  Post : |[ ]
| Cyfeiriad Cartref /*Home Address* : | >  | Cod Post / *Post code :* | >  |

|  |  |  |  |
| --- | --- | --- | --- |
| Enw Rhiant neu Gwarcheidwad*/ Parent or Guadian’s Name*: | >  | Cyfrifodeb Rhiant/ *Parental Resposibility*: | > |
| Rhif ffôn / *Phone number*: | >  | E bost / *Email*: | >  |
| Dull cyfathrebu dewisol / *Preferred means of communication* : | E-bost / E-mail |[ ]  Post : |[ ]
| Cyfeiriad Cartref /*Home Address* : | >  | Cod Post / *Post code :* | >  |

|  |  |
| --- | --- |
| A yw’r plentyn dan Gynllun Amddiffyn Plant neu’n Blentyn Mewn Angen? / *Is the child under a Child Protection Plan or a Child in Need?* : | > |

|  |  |
| --- | --- |
| Iaith ddewisol ar gyfer cyfathrebu / *Preferred Language of communication* : | >  |

|  |  |
| --- | --- |
| Nodwch os oes unrhyw ofynion cyfathrebu arall / *Please note any further communication requirements:* | >  |

**Manylion lleoliadau Blynyddoedd Cynnar / Ysgolion / Sefydliad Addysg Bellach (os yn mynychu)**

***Pre-school providers / Schools / Further Education Institution (FEI) (if attending)***

Manylion lleoliad 1af / *1st Setting details*

|  |  |
| --- | --- |
| Enw lleoliad / *Setting name* : | >  |
| Cyfeiriad / *Address* : | >  |
| Math o leoliad (ticiwch beth sy’n berthnasol) / *Type of setting (tick what is relevant)* |
| Addysg / *Education*: |[ ]  Gofal / *Care* : |[ ]  Dyddiad cychwyn / *Start date* : | > |
| Person cyswllt yn y lleoliad / *Person to contact in setting* : | >  |
| E-bost / *E-mail*: | >  | Rhif Ffôn Cyswllt *Contact number* : | > |

Manylion 2ail lleoliad os yn mynychu mwy nag un lleoliad / *2nd setting details if attending more than one setting*

|  |  |
| --- | --- |
| Enw lleoliad / *Setting name* : | >  |
| Cyfeiriad / *Address* : | >  |
| Math o leoliad (ticiwch beth sy’n berthnasol) / *Type of setting (tick what is relevant)* |
| Addysg / *Education*: |[ ]  Gofal / *Care* : |[ ]  Dyddiad cychwyn / *Start date* : | > |
| Person cyswllt yn y lleoliad / *Person to contact in setting* : | >  |
| E-bost / *E-mail*: | >  | Rhif Ffôn Cyswllt *Contact number* : | > |

**Gwybodaeth a Thystiolaeth / *Information and Evidence***

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| **Crynodeb o Anghenion posib y plentyn / person ifanc - Meysydd Angen Posib*****Summary of the child’s / young person’s possible needs - Possible Areas of Need*** |
|  Gwybyddiaeth a Dysgu / *Cognition and Learning* : |[ ]
|  Cyfathrebu a Rhyngweithio / *Communication and interaction*: |[ ]
|  Ymddygiad, a datblygiad emosiynol a Chymdeithasol / Behaviour, emotional and social development: |[ ]
|  Synhwyraidd, Corfforol a/neu Meddygol / *Sensory, Physical and /or Medical* : |[ ]

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| **Crynodeb (rhesymau dros gyfeirio i sylw’r Awdurdod Lleol) /*****Summary (reason for referring to the attention of the Local Authority)*** |
| >  |

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| **Pwy sy’n darparu’r gefnogaeth bresennol i’r plentyn / person ifanc?*****Who provides current support for the child / young person?*** |

|  |  |
| --- | --- |
| [ ]  |  Ymwelydd Iechyd / *Health Visitor* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Therapydd Iaith a Lleferydd / *Speech and Language Therapist* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Paediatregydd / *Paediatrician* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Seicolegydd Clinigol / *Clinical Psychologist* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Tîm Niwroddatblygiadol / *Neurodevelopmental Team* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Awdioleg - Gweithiwr Nam Clyw / *Audiology - Hearing Impairment Worker*: |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |

|  |  |
| --- | --- |
| [ ]  | Orthoptig, Opthalmoleg, Optometreg - Gweithiwr Nam Golwg / Orthoptic, Ophthalmology, Optometry - *Visual Impairment Worker* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  | Ffisiotherapydd / *Physiotherapist* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Nyrs Arbenigol / *Specialist Nurse* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  | Therapydd Galwedigaethol / *Occupational Therapist* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  | Gweithiwr Cymdeithasol / *Social Worker* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  | Gwasanaeth Dechrau'n Deg / *Flying Start Service* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Gweithiwr Chwarae / *Play Worker* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Teuluoedd yn Gyntaf / *Families First* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Portage : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Impact : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Gwasanaethau Arbenigol Plant / *Specialist Children's Services* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |
| [ ]  |  Arall / *Other* : |
| Enw llawn /*Full name* : | >  | E bost / *Email* : | >  |

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| **Tystiolaeth a gwybodaeth i gefnogi’r cais.** **Dewiswch pa dystiolaeth a atodir gyda’r ffurflen gyfeirio*****Evidence and information to support the application*** ***Select which evidence is attached to the referral form*** |

|  |  |
| --- | --- |
| [ ]  | Gwybodaeth gan Riant - Gwarchodwr / *Information from Parent – Guardian* : |
| Crynodeb / *Summary* : | >  |
| [ ]  | Tystiolaeth monitro Darpariaeth Gyffredinol wedi’i Dargedu /  T*argeted Universal provision monitoring evidence* : |
| Crynodeb / *Summary* : | >  |
| [ ]  | Asesiad neu rhestr wirio (e.e. Proffil Cryno Cyfnod Sylfaen, Proffil Tracio Blynyddoedd Cynnar, WellComm) /  *Assessment or checklist (e.g. Foundation Phase profile, Early Years Tracking Profile, WellComm)* : |
| Crynodeb / *Summary* : | >  |
| [ ]  | Proffil un dudalen / *One page Profile* : |
| Crynodeb / *Summary* : | >  |
| [ ]  |  Adroddiad gan ... / *Report from* .... : |
| Crynodeb / *Summary* : | >  |
| [ ]  |  Arall / *Other* : |
| Crynodeb / *Summary* : | >  |

**Gwybodaeth am y Cyfeirydd – Os yw’r ffurflen hon yn cael ei llenwi gan berson sydd ddim**

**â chyfrifoldeb rhiant am y plentyn**

 ***Information about the Referrer - If the form is completed by a person who does not have***

***the parental responsibility for the child***

|  |  |  |  |
| --- | --- | --- | --- |
| Enw’r cyfeirydd / *Name of Referrer*:  | >  | Perthynas i’r plentyn / *Relationship to Child* : | >  |
| Rhif ffôn / *Phone number*: | >  | E bost / *Email*: | >  |
| Gwasanaeth (os yn berthnasol) / *Service (if relevant):* | >  |
| Cyfeiriad / *Address*: | >  | Cod Post / *Post code:* | > |
| Dull cyfathrebu / *Method of communication* *:* | >  |

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| **Rhannu gwybodaeth**: Os ydych wedi ticio blwch 1 (Anghenion Dysgu Ychwanegol sydd yn galw am Ddarpariaeth Ddysgu Ychwanegol) ar dudalen flaen y ffurflen hon, bydd angen cwblhau’r rhan yma ***Sharing of information*** *: Complete this section if you have ticked box 1 (Additional Learning Needs which calls for Additional Learning Provision) on the first page of this form* |
| Mae’r rhiant / gofalwr wedi cael cyfle i drafod y cyfeiriad hwn gydag ymarferydd addysgol / gofal neu weithiwr iechyd proffesiynol. / *Parent / carer has been given the opportunity to discuss this referral with an educational / care practitioner or health professional* |[ ]
| Mae’r rhiant / gofalwr yn deall bod dyletswydd ar yr ymarferydd addysgol / gofal neu weithiwr iechyd proffesiynol i ddwyn hyn i sylw'r awdurdod lleol os yw hyn er budd gorau eu plentyn. /*Parent / carer understands that an educational / care practitioner or health professional has a duty to bring this to the attention of the local authority if this is in the best interest of their child*. |[ ]
| Eglurwyd i’r rhiant / gofalwr mai barn yr ymarferydd addysgol / gofal neu weithiwr iechyd proffesiynol yw y gallai'r plentyn hwn fod ag ADY.*Parent / carer has been informed, that it is the opinion of an educational / care practitioner or health professional that this child may have ALN*. |[ ]
| Rhiant, rhieni neu gofalwr yn cytuno â'r cyfeiriad hwn / *Parent(s) or carer agrees with this referral* |[ ]
| Nid yw'r rhiant neu’r gofalwr yn cytuno â'r cyfeiriad hwn / *Parent or carer does not agree with this referral* |[ ]

|  |
| --- |
| **Datganiad / *Statment***:  |
| Rwyf / Rydym yn ymwybodol y bydd y wybodaeth hon yn cael ei rhannu gyda’r Awdurdod Lleol a phartneriaid addysg. / *I / We are aware that this information will be shared with the Local Authority and Education Partners*  |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Llofnod / *Signature*: | >  | Dyddiad / *Date*: | > |

I’w ddychwelyd i / *Return to*: **GweinyddolADYaCH@Gwynedd.llyw.cymru**

Pan nad yw’n bosib anfon y ffurflen yn electronig, anfonwch y ffurflen drwy’r post:

*Where sending the form electronically is not possible, please return the form by post:*

**Gwasanaeth ADYaCh**

**Pencadlys Cyngor Gwynedd**

**Stryd y Castell**

**Caernarfon**

**LL55 1SE**

Am wybodaeth ar sut mae Cyngor Gwynedd yn trin data personol, gallwch weld datganiad preifatrwydd ar y wefan: **www.gwynedd.llyw.cymru**

*For information as to how Gwynedd Council handles personal data, please see the Privacy Notices on the website:* **www.gwynedd.llyw.cymru**