



**Medical Referral**

 **REFERRAL FORM**

**School Information**

Referring School Contact No.

Name of Referrer Date of referral

E-mail address

**Pupil Details**

Name of Pupil Date of Birth

UPN

Ethnic Origin First Language

School Year Gender ECHP LAC Pupil premium

Parent/carer name Contact No.

 Emergency Contact No.

Home address

E-mail address

**Parental consent is required for this placement. Referrals must be discussed with parents prior to intake meeting.**

Referral discussed with parent/carer **Yes No** Date

**For pupils with EHCPs or those in the process of obtaining an EHCP, referrals must be discussed with the SEN Officer for the School prior to referral.**

SEN Status Discussed with SEN Officer  **Yes No**

SEN Officer Date discussed

Date of last review Emergency interim Review planned **Yes No**

Date of last review

***Please forward the pupil’s SEN documentation with this referral e.g. EHCP, IEP, IEBP, Risk Assessment, Positive Handling Plan.***

**If the pupil is open to social care please complete this section.**

Pupil open to Social Care **Yes No** Name of Social Worker

Referral discussed **Yes No** If yes, date discussed

with Social Worker

**Please briefly summarise the key issues leading to this referral.**

**External Agencies involved**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Yes** | **No** | **Comments** | **Duration** |
| Attendance |  |  |  |  |
| Autism Outreach |  |  |  |  |
| Education Psychology |  |  |  |  |
| CAMHS |  |  |  |  |
| Police |  |  |  |  |
| Social Care |  |  |  |  |
| Virtual School for LAC Pupils |  |  |  |  |
| Youth Offending Service |  |  |  |  |
| Other: |  |  |  |  |

**Academic Information**

**Current levels for all Key Stages**

**Reading Age:**

**Spelling Age:**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Current Grade** | **Predicted Grade** |
| English |  |  |
| Maths |  |  |
| Science |  |  |

**School Attendance Figures**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current term** | **Current academic year** | **Last academic year** |
| Attendance |  |  |  |
| Unauthorised Absence |  |  |  |

**Please forward previous term and current SIMs attendance register.**

**Please return completed form and accompanying documentation to:**

**Jenny Finch**

**Victory Park Academy**

**Wentworth Road**

**Southend on Sea**

**Essex**

**SS2 5LG**

**Tel: 07102 904644**

**E-mail: medical@victorypark.org**