  

**Referral Form**

**Pupil is in: Secondary: Primary: Prevent: Permanent:**

|  |  |
| --- | --- |
| **Section 1** | **Child Details** |

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| UPN |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Gender |  | Year Group |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ethnicity |  | SEN |  | Pupil Premium |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FSM |  | EAL |  | First Language |  |

|  |  |
| --- | --- |
| Medical  Conditions |  |

|  |  |
| --- | --- |
| If new to the UK, please state country of origin |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Emergency Telephone  Number: | Name:  Relationship with child: |

|  |  |  |
| --- | --- | --- |
| EHCP/ Statement: | Yes / No  In progress | Date of next Annual Review / ISP:  Name of SEN officer: |

Please attach copies of ISP, IBP, IEP, or any other plan

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| --- | --- | --- |
| LAC: | Yes / No | If yes, name of Local Authority:  Social Worker:  Date of next PEP, LAC review |

|  |  |  |
| --- | --- | --- |
| CP/CIN | Yes / No | If yes, name and contact details of Social Worker:  Name and contact e-mail of social worker:  Date of next RCPC, Core Grp / CIN: |

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| **Section 2** | **Parent / Carer Details** |

|  |  |
| --- | --- |
| Surname:  Forename: |  |
| Relationship to child: |  |
| Address:  If different from child: |  |
| Contact Telephone Number: |  |

|  |  |
| --- | --- |
| Surname:  Forename: |  |
| Relationship to child: |  |
| Address:  If different from child: |  |
| Contact Telephone Number: |  |

|  |  |
| --- | --- |
| Who does the child live with? |  |

Siblings

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DoB** | **Year Group** | **School Attending** |
|  |  |  |  |
|  |  |  |  |
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| --- | --- |
| What is the relationship between school and parent/carer? |  |

|  |  |  |  |  |
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| **Section 5** | **Attendance and Exclusions** | | | |
| Attendance (previous year group) | | | Attendance (current year group) | |
| Year: | | % | Year: | % |
| Has the child been on a reduced attendance plan: | | Yes / No | Actual daily attendance:  Start time:  Finish time: |  |

**Attach SIMs printout**

Has the child ever had a fixed term exclusion? NO/YES

Has the child ever had a permanent exclusion? NO/YES

|  |  |  |  |
| --- | --- | --- | --- |
| Date of exclusion | Length of exclusion | Main reason for exclusion | Any other information |
|  |  |  |  |
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| **Section 6** | **Reason for Referral** |
|  | |

**Attach Copy of Behaviour log.**

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| --- | --- | --- | --- | --- |
| **Section 7** | | **Agencies Involved / Interventions Taken & Outcomes**  **E.g.: Youth Offending Services / Education Psychology / Early Help Family Services**  **EWMHS / LA Attendance Support / Edge of Care / PRU Prevention Programme etc.** | | |
|  |  | |  |  |
|  | Name / Organisation /Contact details (where known) | | Intervention & Outcome | Date |
| 1 |  | |  |  |
| 2 |  | |  |  |
| 3 |  | |  |  |
| 4 |  | |  |  |
| 5 |  | |  |  |

|  |  |
| --- | --- |
| **Section 8** | **Home / Family Issues** |
| Are there any home/ family issues that the panel should be aware of NO/YES (if yes describe below) | |
|  | |

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| --- | --- | --- | --- | --- | --- |
| **Section 9** | | **Academic Information** | | | |
|  |  | | **Attainment Level** |  |  |
|  | **Subject** | | **Previous Year Group** | **Current Level** | **Below/Average / Above** |
| 1 | English Reading | |  |  |  |
| 2 | English Writing | |  |  |  |
| 3 | Maths | |  |  |  |
| 4 | Science | |  |  |  |

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| **Section 10** | **Additional Information** |
| Pupil Strengths: | |
| Detail preventative strategies prior to referral: | |
| Name of Behaviour Outreach practitioner involved: | |
| Any Other Information: | |

**Please note, any meeting to discuss referral, intake meeting or review (pupils on Prevent Pathway), must be attended by a senior member of staff from the referring School.**

|  |  |
| --- | --- |
| **Name of Referrer** (Please print) |  |
| **Signature:** |  |
| **Designation:** |  |
| **School / Agency:** |  |
| **Email address:** |  |
| **Designated Safeguarding Lead:** |  |
| **Date:** |  |

**Parent / Carer Signature**

Please read: By signing this document you are giving your permission for the information contained in this referral form to be shared with other schools in the local area and agencies who attend the FAP. The agencies who attend include Early Help Family Support, Youth Offending Services, Education Psychology, Behaviour Outreach Service and Social Care.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent / Carer Name:** |  | **Signature:** |  |

**This referral will be processed upon receipt of all required information.**

|  |  |
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|  | Checklist table |
|  | Attendance report (SIMs) |
|  | Behaviour log |
|  | IEP, ISP, PSP (whichever is applicable) |
|  | EHCP, EP reports |
|  | EHFS plans |
|  | Behaviour Outreach reports |
|  | Risk assessment attached to this referral form |

**PLEASE NOTE SAFEGUARDING FILE AND PUPIL FILE ARE REQUIRED TO BE HANDED OVER AT THE INTAKE MEETING AND PRIOR TO REGISTRATION**