Please complete your referral with as much detail as possible; this will help us allocate your case more quickly.

Please indicate (x) below the provision you are referring to:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Provision** | | | | | | | |
| Primary |  | Secondary |  | Post 16 |  | Adult |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outreach** | | | | | | | |
| Alternative  Provision |  | 1:1 intervention /coaching |  | Group  Intervention |  | Preferred  number of hours per week |  |
| Training/staff support |  | Other, and or please specify below: | | | | | |

Pupil Details

|  |  |
| --- | --- |
| **Name**: | **DOB**: |
| **Year Group**: | **UPN**: |
| **Gender**: | **Ethnic Origin**: |
| **First language**: | **PP:** Yes/No **FSM**: Yes/No |
| **Child Protection Status**: | **LAC**: Yes/No |
| **Sen status**: | **Primary Need**: |
| **Any CAMHS diagnosis**: | Logo  Description automatically generated**Medication for diagnosis**: |
| **Other medical details, diagnosis or disabilities**: | |
| **Specific dietary requirements**: | |

Parent/Carer details

|  |  |
| --- | --- |
| **Name**: | **Address**: |
| **Contact number**: |
| **Email**: |

School Details

|  |  |
| --- | --- |
| **School**: | **Contact number**: |
| **Key contact**:  **Role**:  **Email**: | **School Designated CP Officer**:  **Role**:  **Email**: |

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School History

|  |  |  |
| --- | --- | --- |
| **Previous Schools** | **From** | **To** |
|  |  |  |
| **Current attendance this term**: % | **Current year’s attendance**: % | **Last year’s attendance**: % |
| **Previous exclusions (dates/reasons)**: | | |

Current Provision (please indicate by highlighting below the most recent provision)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attending full time | Attending part time | Fully in class | Partially in class | Not in class | Full time 1:1 support |
| Partial 1:1 support | Able to access small group | Able to access lunch | Able to access break | Able to access assembly | Able to access clubs/trips/ activities |
| **Other and or if necessary, please be specific about the above (e.g. in school nurture group or offsite provision)**: | | | | | |

Learning Information

|  |  |  |
| --- | --- | --- |
| **Subject** | **Current levels/grades** | **Attitude to subject** |
| **Reading**  **(KS1/2)** |  |  |
| **Writing**  **(KS1/2)** |  |  |
| **Maths** |  |  |
| **English** |  |  |
| **Science** |  |  |

Emotional and Behavioural Development Scores

(from QCA Emotional and Behavioural Development Criteria)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not at all  1 | Rarely  2 | Sometimes  3 | Fairly often  4 | Often  5 | Always  6 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Score 1-6 |  | Score 1-6 |  | Score 1-6 |
| **LEARNING BEHAVIOUR** |  | **CONDUCT BEHAVIOUR** |  | **EMOTIONAL BEHAVIOUR** |  |
| 1. Is attentive and has an interest in school work |  | 6. Behaves respectfully towards staff |  | 11. Has empathy |  |
| 2. Good learning organisation |  | 7. Shows respect to other pupils |  | 12. Is socially aware |  |
| 3. Is an effective communicator |  | 8. Only interrupts and seeks attention appropriately |  | 13. Is happy |  |
| 4. Works efficiently in a group |  | 9. Is physically peaceable |  | 14. Is confident |  |
| 5. Seeks help where necessary |  | 10. Respects property |  | 15. Is emotionally stable and shows self-control |  |
| **Total** | Logo  Description automatically generated | **Total** |  | **Total** |  |

Interventions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intervention** | **Please**  **tick** | **Start date:** | **End date:** | **Contact person and phone/email** | **Any comments and or indicate level of success** |
| Literacy/Numeracy intervention |  |  |  |  |  |
| On-site inclusion unit |  |  |  |  |  |
| Risk Assessments or PHP’s |  |  |  |  |  |
| PSP |  |  |  |  |  |
| TAC/TAF |  |  |  |  |  |
| Group work |  |  |  |  |  |
| Therapy/ Counselling |  |  |  |  |  |
| CYPS |  |  |  |  |  |
| Educational Psychologist |  |  |  |  |  |
| Family–School link worker |  |  |  |  |  |
| Attendance Officer |  |  |  |  |  |
| Speech and Language Therapy |  |  |  |  |  |
| YOS |  |  |  |  |  |
| Pending referrals, please specify |  |  |  |  |  |
| Any other, please specify |  |  |  |  |  |

Areas of Concern

|  |
| --- |
| **Typicality or patterns of behaviour causing a concern**: |
| **Indicate relevant background and or home situation**: |
| **Indicate any adjustments currently in place**: |
| **Indicate which interventions/strategies/adjustments have been successful**? |
| **Indicate which interventions/strategies/adjustments have been unsuccessful**? |
| **Indicate areas of success, strengths and likes**? |

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|  |
| --- |
| **Please indicate below your future plans for the referred student**: |

|  |
| --- |
| **Be aware by signing or electronically signing below you agree to the referral and the cost of any provision agreed.**  If you are a maintained school and you know the cost of provision, please insert a purchase order number below: |

Please check the information you have supplied is accurate.

If sending electronically please insert the name of senior staff who agreed to referral and date agreed.

Signed:   Head Teacher Date:

If sending electronically please insert the name of parent/carer who agreed to referral and for a practitioner to observe and work with the referred pupil.

Signed:    Parent(s) / Carer(s) Date:

Once completed please email (with a risk assessment and any other relevant information attached) to the email : **Simon@discoveryeducationcentre.co.uk**