

Specialist Independent School for Girls

*Building confidence so you can be the best you can be!*

**PP - RA1 Referral Form**

*Please fill in this form if you would like to register a pupil for a placement at PHOENIXPLACE. Once submitted, our administrator will contact you to invite you in for an initial chat with the Head or member of the Senior Leadership Team.* ***This form is not an acceptance of placement.***

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| **Referring Authority Details** |
| **Name & Address of Referring Authority:** *e.g. name of Academy, PRU, other* |  | **Date referral made:** |
| **Contact Name:***(Best person to speak to about referral)* |  |
| **Designation:** |  |
| **Tel:** |  |
| **Email:**  |

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| **About the child/young person** |
| **Pupil Name:**  | **D.O.B:**  | **Age:**  | **Year Group:**  | **UPN:** |
| **Free School Meals Y/N:** | **Proposed Start Date:**  | **Duration of placement:** *e.g. 2 terms, full year* |
| **Parent/Carer name and address:****Post Code:** | **Has the parent/carer been notified about this referral?**  |
| **Parent/Carer phone number(s)** |  |
| **Parent/carer email address:** |   |

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| **REASON FOR REFERRAL** |
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| **How long has the student been out of school:** *(if applicable)* |  | **Reintegration Plan:** *Please provide details if applicable* |
| **Current education provision:** *(if not the same as referring school):* |  |
| **List previous educational provisions:** *(if applicable)* |  |
| **Attendance %** this academic year/last term: |  |
| **Punctuality?:**  |  |

**Referrer Risk Assessment:** Do any of the below apply? What severity **H**igh; **M**edium or **L**ow risk *(please copy this tick ✓ and paste in appropriate box and add any notes if applicable).*

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| **Risk Assessment** | **H** | **M** | **L** | **Notes** |
| aCSE / sexually harmful behaviour |  |  |  |  |
| Going missing / running away |  |  |  |  |
| Verbal abuse |  |  |  |  |
| Physical aggression/violence |  |  |  |  |
| Bullying |  |  |  |  |
| Substance misuse |  |  |  |  |
| Racial abuse |  |  |  |  |
| Damage to property/vandalism |  |  |  |  |
| Self-harm |  |  |  |  |
| Class/school disruption |  |  |  |  |
| Other |  |  |  |  |
| *Additional information with regards to concerns about risk (if applicable)* |

*(please copy this tick ✓ and paste in appropriate boxes)*

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| **Is the young person a Child Looked After?** |  |
| **Is the young person at risk of CSE?** |  |
| **Is the young person on a CP or CiN or other plan?** |  |
| **Is the young person involved in (or in the past been involved in) any Youth Offending services?** |  |

**External/other Services currently involved with YP***: If none please leave blank*

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| **Who** | **Name** | **Contact** |
| Social Worker: |  |  |
| Educational Psychologist: |  |  |
| CAMHs: |  |  |
| Speech and Language: |  |  |
| YOT: |  |  |
| Education Welfare |  |  |
| Other: |  |  |

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| **Child/young person’s need/s** *(please copy this tick ✓ and paste in appropriate boxes)* |
| **School Based Support:** |  | **Educational Health Care Plan:**  |  |
| **Please list any support the student has received in the last year/term:** *eg counselling, EP, 1:1 support in class, mentoring, SaLT, intervention classes etc* | **SEN Categories** |
| Cognition & Learning |  |
| Communication & Interaction |  |
| Social, mental & emotional health |  |
| Sensory and/or Physical |  |
| Other *(type here):* |  |
| **Any reports from the support methods above?:** *Please list* | **School exclusion history:** *If Yes please provide further information*.Number of exclusions to date/reasons: |

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| **Area(s) of need/difficulties** *(please list, using bullet points, specific issues/concerns, how needs impact on student learning and engagement in school eg how needs are presented & triggers)*  | **Suggested mitigation measures** |
| **Communication & Interaction** |  |
| **Cognition & Learning** |  |
| **Social, mental & emotional health** |  |
| **Physical and/or sensory** |  |
| **Independence & community** (if applicable) |  |

**Medical Information**

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| **Allergies** | **Dietary**  | **Other** |
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| **Medication (if applicable)** | **For what** | **When taken** |
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| **Academic Attainment KS3/4 -** Please provide as much information as possible |
| **Subjects** | **Levels** | **Date/s of assessment** | **Comments** eg GCSE mocks etc |
| Reading age of child or young person |  |  |  |
| Spelling age of child or young person |  |  |  |
| **English**  |  |   |   |
| **Maths**  |  |   |   |
| **Science**  |  |   |   |
| Other: |  |   |   |
| Other: |  |   |   |
| Other: |  |  |  |
| Other: |  |  |  |

**Before placement can commence;**

* Student, parent/carer and a professional that knows the student well eg school teacher or Social Worker to attend a Placement Interview at the school
* A Service Level Agreement (SLA) must be signed by the Referring Authority

Thank you for taking the time to fill in this form. We will contact you shortly

**PHOENIXPLACE**

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