

Specialist Independent School for Girls

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

**PP - RA1 Referral Form**

(Please fill in completely and send back to consultations@phoenixplace.co.uk)

*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.***

| 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)* |  | *Office use only:*  *Date of PI:*  *Attendance:* |
| **Designation:** |  |
| **Tel:** |  |
| **Email:** | |

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

| REASON FOR REFERRAL |
| --- |
|  |
| Career/Post-16 pathway: |
| Transport: |
| Subject options chosen: |
| If a **Dual Placement**, name/contact of key person/s who will support this student during her time at PhoenixPlace: *(eg attend reviews, communication regarding behaviour and learning)* |

| **Current education provision:** *(if not the same as referring school):* |  | **Reintegration Plan:** *Please provide details if applicable* |
| --- | --- | --- |
| **How long has the student been out of school:** *(if applicable)* |  |
| **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).*

| Is there any risk of…….. | 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)*

| **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*

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

| 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:** *Number of exclusions to date/reasons*: | |

| **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)* | |
| --- | --- |
| **Communication & Interaction** | |
| **Suggested mitigation measures** | |
| **Cognition & Learning** | |
| **Suggested mitigation measures** | |
| **Social, mental & emotional health** | |
| **Suggested mitigation measures** | |
| **Physical and/or sensory** |  |
| **Independence & community***(if app)* |  |

**Medical Information**

| Allergies | Dietary | Other |
| --- | --- | --- |
|  |  |  |

| Medication (if applicable) Confirmed by | For what | When taken |
| --- | --- | --- |
|  |  |  |

| 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: |  |  |  |

Thank you for filling in this form

Kind regards

**Before placement can commence;**

* A Service Level Agreement (SLA) must be signed by the Referring Authority before the student starts

**Induction:** Before student starts full time

* Baseline Assessments - completed over 3 days (4 assessments)
* Induction meetings arranged with Pastoral Manager/DH (i/c Curriculum, Teaching, Learning and Assessment/SENCo)

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

**PHOENIXPLACE**

(Send form back to [consultations@phoenixplace.co.uk](mailto:consultations@phoenixplace.co.uk))

**To be completed at Placement Interview**

| **Target/Goals -** *what would student and supporters want to achieve NB: If attendance is an issue, this must be a target* | |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **Additional Information** | |