|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral  |  |  |  |
| Young Person’s name: |  | School Year |  |

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| **REASON FOR REFERRAL** |
| **Provide a brief overview of** **Education Support/Teaching required:** |  |

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| **SCHOOL DETAILS** |
| Name of School/Academy/ Virtual School  | Address  |
| Name of Referrer |  | Position of Referrer |  |
| Contact Number |  | Contact email address |  |
| **YOUNG PERSON INFORMATION** |
| Legal Surname |  | Legal Forename/s |  |
| Preferred Surname  |  | Preferred Forename |  |
| Address |  |
| Postcode |  |  |  |
| Date of birth |  | Gender |  |
| Ethnicity | Known Religion | Identifies as, if known:MaleFemaleGayBisexual TransgenderFluid GenderOther |
| UPN |  | ULN  |  |
| Date enrolled |  | Free school meals | Y N(Please circle) |

|  |  |
| --- | --- |
| Parent/Carer Name | Relationship to young person |
| Telephone numbers:MobileLandline | Address: (if different from above) |
| Parent/Carer (must be included if there is a joint parental responsibility) | Relationship to young person |  |
| Telephone number: | Address: |
| Emergency Contact details: | Relationship to young person |
| Telephone number: | Address: |

**Safeguarding**

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| Provide details of any safeguarding concerns (include separate sheet if necessary):Full contact details of DSL and DDSL in host school: |

**Medical Issues**

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| --- | --- |
| Does the young person have any medical conditions that will impact on their learning? | If **yes** provide details, including any medication they are on/will need to take during education hours: |

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| **ATTENDANCE** |
| Attendance in the current academic year (%) | Attendance in the previous academic year (%) | Part-time timetable (please state hours) | Attendance on Off-Site Provision (%) | Have attendance proceedings ever been instigated? |
|  |  |  |  |  |
| Does the young person attract Pupil Premium Funding? |  |
| **If yes complete the following** |  |
| Interventions to date |  |
| Detail the outcomes/impact of these interventions |  |

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| **EXTERNAL AGENCY INFORMATION** |
| **Agency** | **Contact name** | **Telephone/E-mail address** | **Comments** |
| Educational Psychologist |  |  |  |
| Social Services |  |  |  |
| Youth Offending Team |  |  |  |
| CAMHS |  |  |  |
| Speech and language therapist |  |  |  |
| GP/Specialist Doctor |  |  |  |
|  |  |  |  |
| Is the young person currently in care? |  | Has the young person previously been in care? |  |
| Has there been any child protection concerns for this young person? |  | Provide contact details for further information |  |
| Is the young person a young carer? |  | Is the young person a young parent? |  |
| Detail previous schools the young person has attended – please also include the dates they attended. |  |

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| Does the young person currently have a statement of SEN/EHC Plan? |  |
| **If No** |  |  |  |
| Has the young person been put forward for statutory assessment? |  | Is the school in the process of collating information to begin the process? |  |
| Is the child/young person known to social care at the time of referral? |  | Has the young person been seen by an Educational Psychologist? |  |

**Attainment** Please provide levels of attainment where known or last known.

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| **YOUNG PEOPLE IN KEY STAGE 4** |
| End of Key Stage 2 Test Assessment | English | Mathematics | Science |
|  |  |  |
|  |
| **Subjects** | End of Year 9 Teacher Assessment |
| English |  |
| Mathematics |  |
| Science |  |
| **Key Stage 4 Subjects** | Qualification (BTEC, GCSE)  | Awarding Body/Exam Board | Predicted Grade |
|  |
| English |  |  |  |
| Mathematics |  |  |  |
| Science |  |  |  |
|  |  |  |  |
| **OTHER ASSESSMENT DATA** |
| Reading age |  | Date assessed |  |
| Comprehension age |  | Date assessed |  |
| Spelling age |  | Date assessed |  |

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| **BEHAVIOUR (Please mark an ‘X’ in the boxes applicable.** |
| Is there a risk of: | None | Low | Medium | High | Provide detailed examples of the young person’s behaviour including frequency |
|  | 1 | 2 | 3 | 4 | 5 | 6 |
| Harm or physical aggression towards other young people |  |  |  |  |  |  |  |  |
| Threats towards other young people (including cyber bullying) |  |  |  |  |  |  |  |  |
| Threats towards members of staff |  |  |  |  |  |  |  |  |
| Harm or physical aggression towards staff |  |  |  |  |  |  |  |  |
| Harm or physical aggressions towards members of the public |  |  |  |  |  |  |  |  |
| Name calling or verbal abuse |  |  |  |  |  |  |  |  |
| Racist abuse |  |  |  |  |  |  |  |  |
| Refusal to follow instructions |  |  |  |  |  |  |  |  |
| Vandalism |  |  |  |  |  |  |  |  |

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| **VULNERABILITIES** |
| Is there a risk of: | None | Low | Medium | High | Provide a detailed explanation of the young person’s vulnerabilities |
| Absconding |  |  |  |  |  |
| Being bullied including cyber bullying |  |  |  |  |  |
| Domestic Violence |  |  |  |  |  |
| Radicalisation |  |  |  |  |  |
| Risk taking behaviour |  |  |  |  |  |
| Self-harm |  |  |  |  |  |
| Sexual exploitation |  |  |  |  |  |
| Substance misuse |  |  |  |  |  |
| Other |  |  |  |  |  |

|  |
| --- |
| **YOUNG PERSON’S STRENGTHS / INTERESTS** |
|  |

|  |
| --- |
| **EXCLUSIONS** |
| Dates of exclusion | Number of days excluded | Detailed reason why excluded |
|  |  |  |

|  |
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| **HEADTEACHER / PRINCIPAL CONSENT** |
| I agree that this referral may be made, and that all of the information required has been provided and is up to date and accurate |
| Signed |  |
| Name |  |
| Job Title |  |
| Governing bodies of maintained schools have the power to direct a pupil off-site for education to improve his or her behavior/further meet the needs of the young person - Section 29A of the Education Act 2002, introduced by the Education and Skills Act 2008 must be adhered to. |

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| **Office Use Only** |
| Date ReceivedContact made to host schoolAgreed start dateLetter sent confirming place |  |