**Referral Form**

***Please complete all applicable sections FULLY. Forms will be returned to referrer if   
amendments are required.***

***\* Delete as applicable***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please highlight which service(s) you are making a referral for: | | | | | | | | | | | | | |
| Child in Need wraparound support - before and after school only | | | | | | | | | | | | |  |
| Child in Need wraparound support - including during school day | | | | | | | | | | | | |  |
| Respite/reintegration academic and enrichment for student currently at school | | | | | | | | | | | | |  |
| ASDAN Courses | | | | | | | | | | | | |  |
| Tutoring (please circle subject/subjects below) | | | | | | | | | | | | |  |
| English | Maths | | Sciences | Geography | History | | Comp. Studies | | | Photography | | Other | |
| If other please state: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Name of young person: | |  | | | | | | | Date of Birth: | | | |  |
|  | |  | | | | | | |  | |  | | |
| Male / Female\* | | LAC: Yes / No | | | | | | | Authority if LAC: | |  | | |
|  | |  | | | | | | |  | | | |  |
| Name of Parent/Guardian | |  | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
|  | |  | | | | | | | Postcode | | | | |
| Contact Telephone | | Daytime: | | | | | | | Mobile | | | |  |
|  | |  | | | | | | |  | | | |  |
| Named Link Contact: | |  | | | | | | | | | | | |
| Telephone | |  | | | | Email: | |  | | | | | |

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|  |  | | | | | |  | | | |  |
| Mainstream School: |  | | | | | | N.C Yr: | | | |  |
| If not Mainstream School, please state current arrangements: | | | | | | | | | | | |
|  |  | | | | | | |  | | |  |
| Is the young person on the SEN Register? \* YES/NO | | | | | | | | | | | |
| What is/are the recognised need/s of the young person on the SEN register? | | | | | | | | | | | |
| Learning Difficulties |  | Visual Difficulties | | |  | | | | Hearing Difficulties | |  |
| Physical Difficulties |  | Speech/Language & Communication | | |  | | | | Social. Emotional & Behavioural Difficulties | |  |
|  |  | |  | | | | |  | |  |  |
| Is the young person currently permanently excluded?\* | | | | | | Yes | | No | | Date: | |
|  | | | | | |  | |  | |  | |
| Please state the desired outcomes of the placement for the young person and for the school/establishment: | | | | | | | | | | | |
| Young Person: | | | | School/establishment: | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does the young person have particular difficulties relating to MEN / WOMEN \* | | | | | | |
|  | | |  | | | |
| Does the young person have any challenging behaviours? YES/NO (if yes please stipulate below) | | | | | | |
|  | | | | | | |
| Bullying |  | Violence towards staff/peers | |  | Verbal aggression towards peers |  |
| Verbal aggression towards staff |  | Carrying weapons | |  | Substance/alcohol misuse |  |
| Self-harm |  | Defiance | |  | Other (please state below) |  |
|  |  |  | |  |  |  |
| Other: | | | | | | |
|  | | | | | | |
| Please provide information regarding the positive aspects of any successes that the young person has achieved at school (please include any particular skills and strengths): | | | | | | |
|  | | | | | | |
| Please give details regarding the length of placement required for the young person: | | | | | | |
|  | | | | | | |

Accompanying Information

***(Please attach all relevant documentation to support referral)***

|  |  |  |  |
| --- | --- | --- | --- |
| Is the young person subject to any of the following: | | | Attached  (please tick) |
| Personal Education Plan (PEP) | YES/NO | Start date:  Last review: |  |
| Education, Health and Care Plan (EHCP) | YES/NO | Start date:  Last review: |  |
| Individual Behaviour Plan | YES/NO | Start date:  Last review: |  |
| Medical Plan | YES/NO | Start date:  Last review: |  |
| Section 20 | YES/NO | Start date:  Last review: |  |
| Full Care Order | YES/NO | Start date:  Last review: |  |
|  |  |  |  |
| Has parental consent been obtained for this referral? | YES/NO | Date:  Written / Verbal: |  |
| Other relevant documentation to support referral (please specify) |  | |  |

|  |  |
| --- | --- |
| Referred by (Print name): |  |
| Post Title: |  |
| School / Establishment: |  |
| Signature: |  |
|  |  |
| Date of referral: |  |
| Date referral to start: |  |

Office Use:

|  |  |  |  |
| --- | --- | --- | --- |
| Date received: |  | Proposed start date: |  |
|  |  |  |  |
| Directors decision: | Placement awarded (see below) | Referral passed back to referrer | Placement denied |
|  |  |  |  |
| KS3 Tutoring | KS4 Tutoring | wraparound support - before and after school only | wraparound support - including during school day |
| Respite/reintegration academic & enrichment for student currently at school | ASDAN Courses |  |  |