**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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| 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 |  |  |