



SMANNELL FIELD SCHOOL

Education Inclusion Referral Form

PUPIL DETAILS

Name: _____ **Date of Birth:** _____ **Year Group:** _____

School: _____ **UPN:** _____

Address: _____

Postcode: _____ **Ethnicity:** _____ **First Language:** _____

FAMILY DETAILS

Parent / Carer

Parent / Carer Name
Relationship
Address
Post Code
Home Phone
Mobile Phone
Email

Parent / Carer Name
Relationship
Address
Post Code
Home Phone
Mobile Phone
Email

Siblings

Name	DoB	School

REASON FOR REFERRAL:

- At risk of permanent exclusion
- Significant emotional problems
- Medical
- Other

SCHOOL DETAILS

Previous School attended:

Details of all previous schools (including managed moves as applicable):

CONTACT

Name (please print): **DONNA PAGE** Position: **AHT Send & Inclusion**

Telephone number: **01794 512334** Email address: **dgpage@romsey.hants.sch.uk**

Child Protection Issues: Yes No

Child in Care: Yes No

Eligible for Pupil Premium: Free School Meals Forces

SEN STATEMENT Yes No In progress

If YES Reason for statement: _____

Issue date: _____ **Date of last annual review:** _____

OTHER DETAILS

Does the pupil have a disability?

If yes, please describe

CAF Completed: Yes No **Lead Professional:** _____

Telephone: _____ **Email address:** _____

If CAF completed please detail TAC meetings/attach minutes

BACKGROUND INFORMATION

Emotional and Social Issues

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationship with peers; feeling isolated and solitary; fears; often unhappy

Behavioural Issues

Lifestyle; self-control; reckless or Impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration/criminal behaviour

Medical

Learning Difficulties / Attitudes to Work

Enthusiasms / Interests and Strengths

Previous Strategies

Please describe the strategies already employed and provide copies of Individual Education Plans/Individual Behavioural Plans/Pastoral Support Plans

Anticipated outcomes - what would you hope to achieve following this referral?

Please share your ideas for how the school and the centre might work together to meet the needs of this pupil.

Please confirm Parents/carers support for this referral Yes No

Profile of Pupil Capability – please complete as fully as possible

Key Stage 2

	Reading	Mathematics	Science
Test level achieved			
Teacher assessment			

Key Stage 3

	English	Mathematics	Science
Test level achieved			
Teacher assessment			

Cognitive Abilities Test

Verbal	Quantitative	Non-verbal	Average

Reading Age	Spelling Age	Dates when tested

Key Stage 4

Targets for GSCE Performance

Subject	Exam Board	Current Grade	Target Grade	Subject	Exam Board	Current Grade	Target Grade
English				Design Technology Please specify			
Maths				Option 1			
Science				Option 2			
Humanities Please specify				Option 3			
14-16 College Course				Extended Work Experience			

Examinations Officer: _____

Telephone: _____ Email address: _____

Attendance %: _____

DETAILS OF OTHER AGENCIES INVOLVED WITH THE PUPIL

	Name	Tel/E-mail
Locality Team		
Education Psychologist		
Children's Services		
YCP/YOT		
Health (eg CAMHS)		
Other (please indicate)		

EIS REFERRAL CHECKLIST

Please ensure that the relevant parts of the following information are attached before sending them, with this form to the appropriate EIS office. **Failure to send all the supporting information will delay the processing of this referral.**

- ⇒ Any reports (eg academic / EP and other agency involvement)
- ⇒ Attendance Record
- ⇒ Copy of SEN Statement
- ⇒ IEP / IBMP / PSP
- ⇒ Most recent PEP
- ⇒ Behaviour Logs
- ⇒ Risk Assessment
- ⇒ Evidence of Child and Family Therapy involvement (**essential for EV referral**)
- ⇒ Recent medical report confirming inability to attend school (**essential for medical referral**)

Headteacher's Signature: _____ Date: _____