Referral Form

innovative education

1. Commissioner details

Current School Name			
Lead contact			
Tel. N°.		**Email**	

2. Student Details

Name		**UPN N°.**	
Date of Birth		**Gender**	Male / Female
Current School Year		**Ethnicity**	
Pupil Premium?	Yes / No	**SEND?**	Yes / No
Home Address:			
Tel. N°.		**Alternative Tel**	

Parent / Carer Name(s)			
Tel. No.		**Email**	

Medical Needs *(please provide details)*

Medical	
Known Allergies	
Dietary Requirements	
Accessibility Issues	

3. Education Profile

Student's prior attainment

	Key Stage 2	Key Stage 3	Key Stage 4
Maths / Numeracy			
English / Literacy			
Science			
Reading age			
*If information is not available please supply a teacher assessment / report			

Attendance Information

Current Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)	Date of last Attendance	Is the student expected to attend 5 days/week?
				YES / NO

If no, please provide further details:			
EWO Involvement	YES / NO If yes, please provide contact details		
Name		**Tel. Nº.**	

Exclusion history over last 12 months

Dates of exclusion		Length of exclusion (days)	Reason for exclusion
From	To		

Details of any previous schools attended

Name of Schools	From	To

4. SEND Profile

Please tick all the boxes that apply to the student

N (NO SEND PROFILE) ☐ **K (SEND PROFILE)** ☐ **EHCP** ☐

Please provide details of the student's:

Primary Need		
Secondary Need		
IEP / Provision Map / Pupil Profile	YES / NO (if yes, please attach)	
Does the student have a specific diagnosis? (e.g. ADHD, ASD, Epilepsy, Dyslexia)	YES / NO	*Please specify*
Does the student have a Risk Assessment in place?	YES / NO If yes, please attach	

5. Social Profile

Does the student have a confidential file?	YES/NO		
Is the student open to social care?	YES / NO If yes, please provide contact details		
Name of social worker		**Tel. Nº**	

Does the student have a CAF?	YES / NO If yes, please provide contact details		
Name of Lead professional:		**Tel. Nº / email**	

Is there an active team around the child process?	YES / NO If yes, please provide contact details		
Name of Lead Professional:		**Email**	

Known Issues	**Support provided by School**

Family Overview (i.e. any significant information that should be shared that may have an impact on the student)	

Other Agency Involvement (tick all that apply)

	Active ?	Expired ?	Contact Name	Email
YOT				
Police				
CAMHS				
Other				

Current Status

Does the student fall in to a vulnerable group? YES / NO If yes, tick all that apply

Looked after	☐	**Traveller child**	☐	**Child of asylum seeker**	☐
Young carer	☐	**Teenage parent**	☐	**School refuser**	☐
Young offender	☐	**Eligible for FSM**	☐		

6. Reason for Referral

Please provide specific reasons for the referral

7. Provision Details

Type (please select)	Full time				
	Monday AM/PM	Tuesday AM/PM	Wednesday AM/PM	Thursday AM/PM	Friday AM/PM
Additional information (*please provide details of any special requests or specific interventions required)*					

8. Student Profile

Please rate the student's skills in each of the following areas

	Excellent			Poor
Attendance	1	2	3	4
Time Keeping	1	2	3	4
Confidence	1	2	3	4
Interaction with other students	1	2	3	4
Interaction with Teachers	1	2	3	4
General behaviour	1	2	3	4
Attitude to home life and current situation	1	2	3	4
Parental attitude and engagement	1	2	3	4

Provide details of the student's interests and future aspirations
