

WIRRAL GUILD OF ALTERNATIVE EDUCATION

Young Person Placement Referral Form – CLtH at Wirral Riding Centre

Notes for completion: please ensure that every section is fully completed, as incomplete referral forms will not be processed. If a section does not apply, please enter N/A.

1. Referring Setting

Current Setting:					
Address:					
Contact Name:					
Position:					
Telephone:		Mobile:		e-mail:	

2. Student Details

Family Name:				First Name:				Date of Birth:	
Gender:	M	F	School Year:		Ethnicity:		UPN:		ULIN:
Home Address:									
Parent/Carer Name:									
Telephone:						Mobile:			
e-mail:									
Medical Needs:									
Known Allergies:									
Dietary Requirements:									

3. Attendance information

Year	% Attendance	% Authorised Absence	% Unauthorised Absence
Current School Year:			
Prior School Year:			

4. Exclusion history (Please give details for the last 12 months)

Item	Date	Length of exclusion	Reason for exclusion
1			
2			
3			
4			
5			

Is the student at risk of permanent exclusion?

Y

N

5. SEND Profile

Item	Yes	No	Remarks
Does the student have a Statement of SEN, EHCP or IPFA? (If yes, please attach)			
Does the student have a specific diagnosis eg ADHD, Dyslexia? (If yes, please give details)			
Does the student have a Provision Map, IEP, PEP etc in place? (If yes, please give details)			
Does the student have a risk assessment in place? (If yes, please give details)			
Is the student likely to be a risk, either to him/herself or any other individual accessing the provision? (If yes, please give details)			

6. Agency Involvement

Agency	Contact name	Telephone	Mobile	e-mail
Social Services				
ESW				
Health (eg CAMHS)				
YOT				
LACES				
Police				
Early Help				
Other (Please specify)				

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7. Current status

Does the child fall into a vulnerable group?

Please indicate below all that apply:

Item	Yes	No	Remarks
Looked After			
Young Carer			
FSM			
School Refuser			
Child of Asylum Seeker			
Young Offender			
Traveller			
Teenage Parent			
Other (<i>Please Specify</i>)			

8. Prior Attainment

Please give specific details of the student's prior attainment, including KS2 data and test scores such as CATs. For KS4 students please give GCSE target data for English and Maths. Any up to date information regarding the student's literacy and numeracy levels and any background information concerning barriers to learning would be most helpful.

9. Student interests, aptitudes and aspirations

Please outline any information that would be helpful in re-engaging the student in wider learning opportunities, assist in preparation for employment etc. It would be useful to have any known details about the student's aspirations for further education or work with training.

10. Reason for referral, progression aims and desired outcomes**11. Social Circumstances, Parental/Carer situation and Safeguarding Information****12. Target Setting**

Please set initial targets for this learner against the headings below:-

Key:- Grade 1 = Outstanding, Grade 2 = Good, Grade 3 = Requires Improvement, Grade 4 = Inadequate

Item	From Current Grade	To Desired Grade
Problem solving		
Communication skills		
Decision making		
Personal appearance		
Motivation		
Team working		
Assertiveness		
Responsibility		
Respect		
Confidence & Self belief		
Behaviour		
Anger management		
Relationships with adults/authority figures		

Item	From Current Grade	To Desired Grade
Attitude to learning		
Qualifications		
Timekeeping		
Attendance		
Self esteem		
Resilience		
Organisational skills		
Self-control		
Positive attitude		
Social and interpersonal skills		
Relationships with peers		
Other <i>(Please specify below)</i>		

13. Placement details

Is the placement request for full time/ part time?	Full Time		Part Time		
Do you have a preferred provider? <i>(Please specify)</i>					
Preferred day / days:	Mon	Tue	Wed	Thur	Fri
Has the placement been discussed with the student?	Yes	No			
Has the placement been discussed with the parent/carers?	Yes	No			

Signature: _____

Name: _____

Position: _____ Date: _____