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Description automatically generated

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Referral form:** Please feel free to call before completing this form to find out about availability and suitability of student. | | | | | | | |
| **Lead professional’s school/agency** | | | | | | | |
| School name: | | | Address: | | | |
|  | Name | | Email | | | Phone |
| Person making referral |  | |  | | |  |
| Attendance contact |  | |  | | |  |
| DSL |  | |  | | |  |
| SENCO |  | |  | | |  |
| Invoicing/payment contact: |  | |  | | |  |
| **Student information** | | | | | | | |
| Name: | | Email: | | | Phone: | | |
| Year group: | | Attendance % | | | DOB / / | | |
| **Parent/carer information** | | | | | | | |
| Name: | | Phone: | | Address: | | |
| Emergency contact | | | | | | |
| Name: | | Phone: | | Address: | | |
| **About Student** | | | | | | |
| Hobbies/interests | | | | | | |
| Summary of the students Strengths: | | | | | | |
| Summary of students Difficulties: | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Medical information** | | |
|  | Y / N | Details |
| Any allergies |  |  |
| Asthma |  |  |
| Epilepsy |  |  |
| Other |  |  |
| Medication pupil will need on site |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student assessment information** | | | |
| SEND |  | | |
| EHCP (please attach) |  | | |
|  |  | | |
| Current reading age |  | | |
| Target for GCSE | Maths: | English: | Science: |
| Previous interventions |  | | |
| Other information |  | | |

|  |  |  |
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| **Pupil information** | | |
|  | Y / N | Please provide more details |
| Child in need, Child protection |  |  |
| Young carer |  |  |
| Looked after child |  |  |
| Adopted |  |  |
| Supportive lodgings |  |  |
| Other |  |  |
| **Pupil safeguarding information** | | |
|  | Y / N | Please provide more details |
| Drug /substance misuse |  |  |
| Alcohol use |  |  |
| Anit social behaviour Risk to property including arson, theft, and damage |  |  |
| Harassment / Discrimination |  |  |
| Criminal conviction |  |  |
| Bullying (victim) |  |  |
| Bullying (perpetrator) |  |  |
| County lines involvement |  |  |
| Gang association |  |  |
| Knife crime |  |  |
| Harmful sexual behaviour including up skirting |  |  |
| Risk of radicalisation |  |  |
| Extreme religious concerns |  |  |
| Child marriage |  |  |
| Trafficking |  |  |
| Asylum seeker |  |  |
| Slavery |  |  |
| Exploitation other |  |  |
| Any other information |  |  |
| **Family safeguarding information** | | |
|  | Y / N | Please provide more details |
| Domestic violence |  |  |
| Neglect Emotional |  |  |
| Family conflict |  |  |
| Sexual abuse |  |  |
| Physical abuse |  |  |
| Drug / Alcohol |  |  |
| Disguised compliance |  |  |
| Other relevant information: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead professional** | Name | Phone | Email |
| Social worker |  |  |  |
| CAHMS |  |  |  |
| Project 28 |  |  |  |
| Education welfare worker |  |  |  |
| Other- |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| **Booking** | | |
| Number of hours: |  | |
| Preferred days: |  | |
| Start Date: | | End Date: |
|  | | |

|  |  |
| --- | --- |
| **Signed:** | |
| Senior teacher |  |
| Parent/carer consent |  |
| Date |  |
|  | |