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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:  |

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

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| **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: |

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