

Referral Form 2023-2024

Referring School

|  |  |
| --- | --- |
| **Current School** |  |
| **Address** |  |
| **Named School contact** |  |
| **School Safeguarding DSL** |  |
| **Tel.****No** |  | **Email** |  |

Student Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **ULN** |  | **Free School Meals****Entitlement** | YES / NO |
| **Date of Birth** |  | **Pupil****Premium** | YES / NO |
| **Current School Year (as of Sept 21)** |  | **Does Pupil have Confidential File?** | YES / NO |
| **Previous year’s school****attendance %** |  |  |  |
| **Home Address:** |
| **Contact Number for****Parent(s)/Carer(S)** |  |  |

|  |
| --- |
| **Ethnic origin** |
| Asian/Asian British – (AB) |  | Mixed – White and Asian (MWA) |  |
| Asian/Asian British – Indian (AI) |  | Mixed- White and Black African(MWA) |  |
| Asian/Asian British – Pakistani (AP) |  | Mixed – White and Black Caribbean(MWC) |  |
| Asian/Asian British – any other (AO) |  | Mixed – Black Caribbean and Asian (MCA) |  |
| Black/Black British – African (BA) |  | White – British (WB) |  |
| Black/Black British – Caribbean (BC) |  | White – Irish (WI) |  |
| Black/Black British – any other (BO) |  | White – any other (WO) |  |
| Mixed - Black African and Asian (MBA) |  | Other – (O) Please specify |  |

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| --- |
| **Living Status** |
| With Parents (WP) |  | Care Home (CH) |  |
| Local Authority Care (LA) – Includingfostered through Local Authority |  | Adopted or Placed for Adoption (A) |  |
| Fostered – Private fostering arrangement (FPF) |  | Lives with Relative (LWR) i.e.Grandparent, Aunt, Uncle, Sister, Brother, Stepparent |  |
| Other – Please specify (O) |  |

Parent / Carer Information

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **If carer, what is their relationship to the****student?** |  |
| **Address** |  |
| **Tel. No.** |  | **Email** |  |

Second Emergency Contact

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **If carer, what is their relationship to the****student?** |  |
| **Address** |  |
| **Tel. No.** |  |  | **Email** |  |

**Medical Needs** *(please provide details)*

|  |  |
| --- | --- |
| **Medical** |  |
| **Medical (2)** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Accessibility Issues** |  |

Attendance Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance****(%)** | **Authorised Absence****(%)** | **Unauthorised Absence****(%)** | **Date of last Attendance** | **Is the student expected to attend 5 days/week?** |
|  |  |  |  |  |
| **If no, please provide further details:** |  |
| **EWO Involvement** | If yes, please provide contact details |
| **Name** |  | **Tel. No.** |  |

Education Profile

**Student’s prior attainment (Please ensure correct key stage data is entered)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **English** | **Math’s** | **Science** |
| **Key Stage 3** |  |  |  |
| **A FULL academic record and any testing results should also be sent with referral form if available.** |

SEND Profile

Please enter Y in the boxes that apply to the student.

|  |  |  |
| --- | --- | --- |
| N | No Special Educational Need |  |
| A | School Action or Early Years Action |  |
| P | School Action Plus or Early Years Action Plus |  |
| S | Statement |  |
| Q | School Action Plus and Statutory Assessment |  |
| E | Education Health and Care Plan |  |
| K | SEN Support |  |

Please provide details of the student’s:

|  |  |
| --- | --- |
| Primary Need |  |
| Secondary Need |  |
| IEP or School’sequivalent | YES / NO |  |
| If yes, please attach |  |
| Does the student have a specific diagnosis?(e.g., ADHD, ASD, Epilepsy, Dyslexia) If yes please specify below. | YES / NO |
|  |

|  |  |
| --- | --- |
| Does pupil have any access arrangements in place? | YES / NO |
| Please provide details of any access arrangements for examination purposes…. |

|  |
| --- |
|  |
| Does the pupil have any normal working practices in lessons or assessments? |
|  |

Social Profile

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| --- | --- | --- |
| Is the student open to social care? | YES / NO | If yes, please provide contact details |
| Name |  | Tel. No |  |
|  |
| Does the student have a CAF? | YES / NO | If yes, please provide contact details |
| Name: |  | Tel. No. |  |
|  |
| Is there an active team around the child process? | YES / NO | If yes, please provide contact details |
| Name of Lead Professional |  | Email |  |
|  |
| Family Overview(i.e. Position of child in relation to siblings, parental details etc.) |  |

Other Agency Involvement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Current** | **Expired** | **Contact Name** | **Email** |
| **YOT** |  |  |  |  |  |
| **Police** |  |  |  |  |  |
| **CAMHS** |  |  |  |  |  |
| **Priority****Families** |  |  |  |  |  |
| **CGL** |  |  |  |  |  |
| **Other**(state) |  |  |  |  |  |
| **Does the student have any outstanding offences (pending court cases) YES / NO** |
| **If so, please provide further information here:** |

**Current Status**

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| --- | --- |
| **Does the student fall into a vulnerable group?** | **YES / NO** |

**Click on boxes to add crosses where appropriate.**

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| --- | --- | --- | --- |
| Young Carer | * Teenage Parent
 | * School Refuser
 | ☐ |
| Young Offender | * Traveller Child
 | * Child of Asylum Seeker
 | ☐ |

Reason for Referral

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| --- |
| **N.B. Please provide specific reasons for the referral** |
|  |
| **Known Triggers:** |
|  |
| **Known Strengths:** |
|  |
| **Known Barriers:** |
|  |
| **Details of the student’s interests and aspirations:** |
|  |

Details of school permanently excluded from if applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **Reason for Exclusion** | **Date of Exclusion** | **Year pupil was in when****excluded** |
|  |  |  |  |
|  |  |  |  |

Exclusion history over last 12 months

|  |  |  |
| --- | --- | --- |
| **Dates of****exclusion** | **Length of exclusion (days)** | **Reason for exclusion** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
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| --- | --- |
| **Does the student have a Risk Assessment in place?** | YES / NO |
| If yes, please attach |

Provision Details

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| --- | --- |
| Course/s Required |  |
| Type (please select) | Full time / Part time Starting from Date: |
| Preferred Day(s)(Please select) | Monday | Tuesday | Wednesday | Thursday | Friday |

**If the referral to GLOW is on a part time basis, please indicate other subjects that the pupil is doing elsewhere.**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Level | Delivered by:) Other Provision Name) | PredictedGrade: |
|  |  |  |  |
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| Progression Expectations:All young people are expected to progress onto the appropriate next stage whether this is a re-integration back into mainstream school, further training, college, or work-based placements. |
| The school must indicate what they require next stage of progress to be below: |
|  |

Please Email your completed form to info@gloweducationproject.com