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####

ABLE Education

Referral Form

# Referring Organisation Details

|  |  |
| --- | --- |
| **Referring Organisation** |  |
| Address |  |
| **Contact name / Position** |  |
| **Tel. No** |  |
| **Organisation Safeguarding DSL** |  |
| Tel. No |  | **Email** |  |
| Date of referral form completion |  |

# Student Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Gender** | MALE / FEMALE |
| **Date of Birth** |  | **Current School Year group** **(as of date on this form)** |  |
| **ULN** |  | **UPN** |  |
| **Free School Meals Entitlement** | YES / NO | **Pupil Premium** | YES / NO |
| **Does Pupil have Confidential File?** | YES / NO | **Home Address:** |  |
| **Previous year’s school attendance %** |  |
| **Please list which schools any siblings attend** **(for information sharing purposes)** |  |

|  |
| --- |
| **Ethnic origin** **(please enter “Y” in appropriate box, or if “other”, please specify)** |
| **Asian/Asian British**  | **Mixed or multiple ethnic groups** |
| Indian  |  | White and Black Caribbean |  |
| Pakistani |  | White and Black African |  |
| Bangladeshi |  | White and Asian |  |
| Chinese |  | Any other Mixed or multiple ethnic background(Please specify) |  |
| Any other Asian background(Please specify) |  | **White** |
| **Black, Black British, Caribbean or African** | English, Welsh, Scottish, Northern Irish or British |  |
| Caribbean |  | Irish |  |
| African |  | Gypsy or Irish Traveller |  |
| Any other Black, Black British, or Caribbean background(Please specify) |  | Roma |  |
|  |  | Any other White background(Please specify) |  |
| **Other ethnic group** |
| Arab |  | Any other ethnic group(Please specify) |  |

|  |
| --- |
| **Living Status** |
| With Parents (WP) |  | Care Home (CH) |  |
| Local Authority Care (LA) – Including fostered 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, Step Parent |  |
| Other – Please specify (O) |  |

# Parent / Carer Information

### Primary contact

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **If carer, what is their relationship to the student?** |  |
| **Address** |  |
| **Contact number** |  | **Email** |  |

### Second Emergency Contact

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

# Medical Needs

|  |  |
| --- | --- |
| **Medical** |  |
| **Medical (2)** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Accessibility Issues** |  |
| **Is there a requirement for medication to be administered during the day?** |  |

# Attendance Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance****(%)** | **Authorised Absence****(%)** | **Unauthorised Absence** **(%)** | **Date of last Attendance** | **How many days a week will the pupil be attending? 1/2/3?** |
|  |  |  |  |  |
| Please provide further details of how many hours of learning per week is requested **(maximum 16):** |  |
| **EWO Involvement** | YES / NO | If yes, please provide contact details below |
| **Name** |  | Tel. No. |  |

# Education Profile

#### Student’s prior attainment

|  |  |  |  |
| --- | --- | --- | --- |
|  | **English**  | **Maths** | **Science** |
| **Key Stage 2** attainment |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **English**  | **Maths** | **Science** |
| **Key Stage 3**, working at level |  |  |  |
| **Key Stage 4 (Functional Skills Data),** working at level |  |  |  |
| **Key Stage 4 (GCSE Data),** working at level |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional subjects | **Current level** | **Target grade** | **Exam grade** **(if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Additional information about attainment** |  |
| **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’s equivalent** | 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 the student have an EHCP?****If yes, please provide details of category/ies of need and summary of any current personalised support.** | YES / NO |
| Please provide details of any access arrangements for examination purposes. |

|  |  |
| --- | --- |
| **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?** |
|  |

|  |  |
| --- | --- |
| **Referring organisation SENCO** |  |
| Tel. No |  | **Email** |  |

# Other Agency Involvement

|  |  |  |
| --- | --- | --- |
| **Is the student open to social care?** | YES / NO | If yes, please provide contact details |
| **Name of social worker** |  | **Tel. No** |  |
| **Please outline category of social care plan: CP / CIN** |  |
| **Is the learner open to Targeted Family support?**  |  |
|  |
| **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 / Vulnerable groups |
| **Family Overview** (Please provide details about the living situation i.e. position of child in relation to siblings, number of siblings, who lives in the household, does the learner live with parents/carers, parental details etc.) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | **Previous** | **Contact Name** | **Email** |
| **YOT** |  |  |  |  |
| **Police** |  |  |  |  |
| **CAMHS** |  |  |  |  |
| **Priority Families** |  |  |  |  |
| **CGL** |  |  |  |  |
| **Other** (state) |  |  |  |  |

# Current Status

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

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

Young carer [ ]  Pregnant student/teenage parent [ ]  School refuser [ ]

Permanent exclusion [ ]  Child missing education [ ]  Young offender [ ]

Young carer [ ]  Unaccompanied asylum-seeking child [ ]  Child in Care (CIC) [ ]

Traveller child [ ]  Child of Refugee/Asylum Seeker [ ]  Anxious learner [ ]

Eligible for free school meals (FSM) [ ]  At risk of child sexual exploitation (CSE) [ ]

#  Reason for Referral

|  |
| --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Does the student have a Risk Assessment in place?** | YES / NO | If yes, please attach |

# Provision Details

|  |  |
| --- | --- |
| **Course/s Required** |  |
| **Requested start date for part-time provision** |  |
| **Preferred Day(s)** (please circle) | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Provision wanted on school site/ offsite or to be arranged?** |  |
| **Anticipated hours per week, or to be arranged** |  |
| **Anticipated end date or to be arranged** |  |

# Main Qualifications required

|  |
| --- |
|  |
|  |
|  |
|  |

#### Please indicate other subjects that the pupil is studying elsewhere.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject and Qualification | Level | Delivered by: (Other Provision Name) | Predicted Grade: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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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 in to mainstream school, further training, college or work-based placements. |
| **The school must indicate what they require the next stage of progress to be below:** |
|  |

|  |
| --- |
| Learner risk assessmentBased on your experience of the learner in school, consider the **likelihood** of these risks occurring in a **one-to-one** alternative provision setting. |
| **Risk factor** | **Date completed** | No Risk | **Triggers and likely causes of behaviour** | **Summary of current support in place to mitigate, manage or respond to risk**  |
| Low |
|  | Medium |
| High |
| 1. Physical attack on an adult
 |  |  |  |
| 1. Carrying an offensive weapon
 |  |  |  |
| 1. Verbal abuse of an adult
 |  |  |  |
| 1. Online misconduct
 |  |  |  |
| 1. Drug or alcohol dealing/use around or in the provision.
 |  |  |  |
| 1. Damage to property
 |  |  |  |
| 1. Stealing
 |  |  |  |
| 1. Persistent refusal to follow instructions.
 |  |  |  |
| 1. Absconding from provision
 |  |  |  |
| 1. Physical harm/danger to self
 |  |  |  |
| 1. Other – specify
 |  |  |  |
| Are there current safeguarding or child protection issues for this learner | Yes/ No |
|  |
| Name of person completing the **learner risk assessment**  |  |
| Role  |  | School |  |

|  |  |
| --- | --- |
| Name of person completing the **referral form**  |  |
| Role  |  | School |  |

|  |  |
| --- | --- |
| Date |  |

Please return completed form to: **referrals@able-education.co.uk**