

# REFERRAL FORM



## Referral request for:

REACH3	REACH4	ALTERNATIVE PROVISION	OUTREACH	BOYS/GIRLS GROUP

Full Time	Part Time

REFERRED BY		
School:	Contact Name:	Position:
Contact Number:	Email Address:	Date:

STUDENT'S PERSONAL DETAILS	
SURNAME:	FORENAMES:
DATE OF BIRTH:	MALE / FEMALE:
YEAR GROUP:	Is this a Looked After Child: Yes / No
UPN No:	Does the student receive free school meals: Yes / No
ULN No:	
UCI No:	
PERMANENT HOME ADDRESS: (Including Post Code)	
PARENTS / GUARDIANS:	CONTACT NUMBERS
FATHER:	TELE NO:
MOTHER:	TELE NO:
GUARDIAN:	TELE NO:
MEDICAL CONDITIONS (Asthma, epilepsy, diabetes etc)	

PREVIOUS SCHOOLS		
School:	From:	To:
School:	From:	To:

<b>ETHNIC INFORMATION</b> (Please tick)					
<b>White</b>		<b>Mixed</b>		<b>Asian or Asian British</b>	
British		White and Black Caribbean		Indian	
Irish		White and Black African		Pakistani	
Traveller of Irish Heritage		White and Asian		Bangladeshi	
Gypsy / Roma		Other Mixed Background		Other Asian Background	
<b>Black or Black British</b>		<b>Chinese / Other Ethnic Group</b>			
Caribbean		Chinese			
Other Black Background		Other			

1 <sup>st</sup> Spoken Language	2 <sup>nd</sup> Spoken Language	Interpreter Required	Religion

<b>SEN</b>												
<b>Is the young person on the SEN Register (K)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>												
<b>SEN Type: (✓)</b>												
SPLD	MLD	SLD	PMLD	SMEH	SLCN	HI	VI	MSI	PD	ASD	OTH	
<b>Does the young person receive in class support? (C)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>												
<b>Does the young person have: statement</b> Yes <input type="checkbox"/> No <input type="checkbox"/>												
<b>EHC(P)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>												
Details / Information:												

<b>MULTI AGENCY INVOLVEMENT</b>			
List any other service / agency that is involved e.g. Educational Psychology, Social Care, YISS/YOT, SENSS, CAMHS, Education Welfare Service, Speech Therapy etc.			
Agency	Key Contact	Telephone Number	Date of Involvement
If Social Care involvement, which plan is currently open? (CHIN, CP etc)			
What actions have been proposed / undertaken by/in collaboration with partner agencies?			
Date	Behaviour	Actions	Outcome

<b>Has a CAF/ Early Help been completed?</b>	
<b>On this child</b> Yes / No	Date:
<b>On another child in the family</b> Yes / No	Date:
<b>Is the CAF/Early Help active?</b> Yes / No	
<b>Name of Lead Professional:</b>	<b>Contact Details</b>

<b>ATTENDANCE</b>	
Attendance for the last 12 months <i>(Please attach SIMS/BROMCOM data for the last 12 months)</i>	%
<b>Is the young person a persistent truant?</b> Yes / No <b>What plans are in place to improve their attendance / punctuality?</b>	
<b>Are Education Welfare Services involved?</b> Yes / No If yes, who is the EWO?	

<b>EXCLUSIONS</b> <i>(Please give details of fixed term and permanent exclusions)</i>			
Date	Reasons for exclusion	Fixed Term	Permanent

<b>MAIN BEHAVIOURS CAUSING CONCERN</b> <i>(Tick as appropriate)</i>			
Refusal to conform to school rules	<input type="checkbox"/>	Persistent low level disruption in lessons	<input type="checkbox"/>
Disruptive behaviour around the school	<input type="checkbox"/>	Work avoidance	<input type="checkbox"/>
Physical/verbal abuse to peers	<input type="checkbox"/>	Physical/verbal abuse to staff	<input type="checkbox"/>
Other (please state)			
<b>What triggers the behaviours causing concern?</b> <i>(e.g. specific staff member, times of day, subject area, peer group, seating arrangements etc)</i>			
<b>What school based action has been taken to reduce the behaviours causing concern?</b> <i>(Please continue on a separate sheet if necessary)</i>			
DATE	BEHAVIOUR	INTERVENTION	OUTCOME
e.g 11/11/10	Ongoing verbal/physical abuse to peers	Social skills programme	Positive response to programme, reduction in no. of incidents
<b>What percentage of lessons are problematic?</b>			%

**EDUCATIONAL ASSESSMENT**

Please give details of any educational assessments that have been made.

Type of Test	Result	Date	Administered by

**ACADEMIC PERFORMANCE / PROGRESS**

SUBJECT	KS2 RESULTS (Sub levels & points score)	KS3 RESULTS (Sub levels & points score)	Teacher Assessment	CURRENT LEVELS (Sub Levels)
English				
Maths				
Science				

**ATTAINMENT (Expected Grades)**

Subject	Current Grade	NCA Level / Expected Grade

**STUDENT PROFILE**

**The subjects I am successful in are.....** *(SAT's scores, coursework, pieces of work relationships, practical skills, groups)*

**The subjects I need help to be successful in are .....**

**My interest/hobbies/sports are .....** *(clubs, break and lunchtime clubs, after school clubs, teams, youth clubs etc)*

**These are other skills, qualities, strengths or responsibilities I have .....** *(communication, organisation, working as a team, problem solving, prefect, school council, peer mentor etc)*

**In the future I'd like to (KS4, after school) .....** *(Options, GCSE's, BTEC, SAT's, work experience, prefect, school council, college, university, job, training etc)*

**In school I have had problems with .....**

**I think REACH support will be good for me because .....**

Student Signature:

Date:

**PARENTAL CONTRIBUTION**

How have you been involved in school based work to improve your child's behaviour?

How successful do you think this work has been?

I agree to the appropriate intervention for my son/daughter

Parent signature:

DATE:

<b>INITIAL RISK ASSESSMENT</b> <i>(Low, Medium, High – for medium and high risk, comments and action/planning to be completed)</i>			
<b>POTENTIAL HAZARDS</b>	<b>L/M/H</b>	<b>Comment</b>	<b>Action/Planning</b>
<b>Risk to themselves</b>			
<b>Risk to others</b>			
<b>Travel</b> Boarding/disembarking Seatbelts not fastened Horseplay during transport			
<b>Off Site</b> Wandering away from group Violence and aggression Vandalism			
<b>Health</b> Medical conditions Existing injuries			
<b>Family</b> Is it safe to invite the family to REACH sessions? Is it safe to visit the family home? Is it safe to transport the family to and from educational visits?			
Anything else that may cause concern?			

<b>REQUEST FOR SUPPORT / INTERVENTION – CHECK LIST</b>	
<b>In order to ensure that your request is complete please refer to the checklist below</b>	✓
The request form is complete	
An attendance print out which covers the last 12 months is attached	
The young person has completed the student profile	
The parent(s) / carer(s) have completed their section of the request	
Risk assessment completed	
Active CAF/Early Help attached if applicable	
The SLEUTH/Conduct Log or similar report where appropriate is attached	
An up to date CISS assessment sheet is attached (For REACH3 and REACH4 Full & Part Time referrals)	

<b>IF YOU HAVE ANY QUERIES REGARDING THE REQUEST PLEASE CONTACT REACH:</b>
<p>REACH  Newcastle Road  Trent Vale  Stoke on Trent  ST4 6NS</p> <p>Tele: 01782 881081</p> <p>Fax: 01782 846404</p> <p>Email: <a href="mailto:reach4@sgfl.org.uk">reach4@sgfl.org.uk</a></p>