



KS4 Referral form.

Requested entry date:

STUDENT Name:		Referral type: B MM PEX risk EBSA Other:
Gender		Ethnicity:
Languages spoken/EAL		Home language:
Name and address of Doctor/GP		
Does the student have any medical needs/allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the student have and EHCP - if yes, please attach a copy of the full report	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the student have SEN support - if yes, please give a detailed account of what support:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the student pupil premium:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the student looked after/child in protection:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the student a young carer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a request for support been made – if yes, what support:	Yes <input type="checkbox"/> No <input type="checkbox"/> Additional details:	
Name and address of referral school:		
Name of safeguarding lead	Name:	



	Tel: _____ Email: _____
Attendance lead	Name: _____
	Tel: _____ Email: _____
Head of year	Name: _____
	Tel: _____ Email: _____
Person responsible for invoices:	Name: _____
	Tel: _____ Email: _____
Person completing referral	Name: _____
	Tel: _____ Email: _____
Main home school contact	Name: _____
	Tel: _____ Email: _____
Dietary needs	Vegetarian/vegan/halal/kosher/other: _____
Religious background	_____
Other schools/primary	_____
Current working levels <i>Please provide evidence of any tests</i>	Maths: _____ English: _____ Science: _____
Most recent mock results (if applicable)	Maths: _____ English: _____ Science: _____ Additional: _____
Reading level	_____
What subjects they have picked/are studying at school	_____

Time out of school	
Reason for referral - please give a clear outline	<p>Please include:</p> <ul style="list-style-type: none"> • Specific detail relating to why the pupil is unable to attend their school, even after all adjustments and inclusion strategies have been implemented. • Detail of support strategies that school has implemented to engage the pupil and support inclusion. • Detail of any support provided by external agencies e.g. Mental Health professionals, Educational Psychologist, CAT Team, Family Support, Health Professionals, Social Services, etc, targeted at supporting engagement with school and supporting inclusion. • If the pupil does not have an EHCP please state whether this process has been started. • Reasons for any exclusions (temporary and/or permanent)
If applicable please attach: Even if pending	EHCP or application Y N
	Medical Health Care Plan Y N

Attitude background:

Attendance	Punctuality	Always on time	Occasionally late	Frequently late	Truants
Achievements last year					
Attendance history:					
Behaviour incidents last academic year: <i>Please include any behaviour logs or reports that may be useful</i>					
Suspensions - if suspended, please provide how many suspensions and a detailed account of reasoning resulting in these decisions:					
Exclusions - if excluded, please provide a detailed account of reasoning resulting in this decision:					
Any known affiliation with drugs/alcohol:		Yes <input type="checkbox"/> No <input type="checkbox"/>			



	Additional details:	
Any known affiliation with gangs/criminal activities:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional details:
Is the student at risk of self-harming:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional details:
Descriptions of any incidents that have resulted in the need for this referral:		
School interventions Please state:		
Outside Agencies involved Please state:		
Which has been successful ?		Which did not work?
Brief description of general attitude to learning and engagement in previous academic year (s)		



SEND

SEN Register	No	Name of SENCO:	
Contact:		TEL:	Email:
Other information: <i>(Is this student being assessed by EP, CAHMS?)</i>			
Name of outside agencies involved include private if known:			
Safeguarding: Y/N Please state:			
CIN Plan if applicable.			
Name of Social worker:			

Parent /Guardian 1	Name:		
	Tel:mobile	Tel landline:	
	Email:	Parent responsibility Y / N	
Full address:			
Parent Guardian 2	Name:		
	Tel: mobile	Tel landline:	
	Email:	Parent responsibility Y / N	
Full address:			
Interpreter required:			



Please fill this out with your students' needs in mind

1 = poor 4 = excellent

Competencies & Associated Skills					
Level of Competency	1	2	3	4	Skill shown
Attendance & punctuality					Personal organisation
Core subject engagement					English
					Maths
					Science
Rules, authority & expectations					Understanding & acceptance of rules/expectations. Ability to follow rules. understand authority and follow instructions
Demonstrating appropriate behaviour in a variety of situations					Self-control. Independent learning. Working with others as part of a team. Respect for self & others.
Emotional Maturity					Communication / negotiation skills. Personal insight. Managing & expressing emotions in an appropriate manner. Patience. Resilience.
Language & Communication					Ability to express themselves in an appropriate manner: Listening. Communication. Negotiation and Assertiveness
Attitude towards risky behaviour					Self-care. Identifying & avoiding potential dangers. Encouraging risk free / healthy lifestyle. Sex, drugs, smoking, healthy eating, mental health, crime free
Contribute to the safety of self & others. Types of bullying etc.					Respect & tolerance.
Managing relationships.					Respect & Appreciation of others . Empathy. Ability to maintain positive relationships with others. Friends, family, adults.
Accepting personal responsibility for actions					Honesty. Acceptance. Personal responsibility.
Self-awareness					Honesty. Acceptance. Personal insight.– improved sense of self & place in the world/ community.
Appreciating the value of learning					Personal motivation.
Celebrating Success					Pride. Recognising and appreciating your own skills & achievements, talents & personal qualities of yourself and others
Can evaluate own performance & show progression					Evaluation & assessment.
Able to study & set own targets					Target setting. Personal motivation.

