

# REFERRAL FORM

YOUNG PERSON'S NAME:		
SCHOOL NAME:		
	SCHOOL YEAR:	



On-site placement  
Home tuition  
Mobile classroom  
Online learning  
Outreach work.

REASON FOR REFERRAL			
Short term intervention		Attendance:	
Targeted intervention programme ks2/ks3/ks4 to avoid permanent exclusion			
Permanent exclusion		If the young person has been permanently excluded is this their first permanent exclusion?	
Please provide the reason for their permanent exclusion			

OFFICE USE ONLY			
Date received			
Academic progress:			
Supporting evidence:			
Pupil premium:			
Outcome:			

# REINTEGREAT

## EDUCATION SOLUTIONS

### YOUNG PERSON INFORMATION

Legal Surname		Legal Forename/s	
Preferred Surname		Preferred Forename	
Address			Postcode
Date of birth		Gender	
Ethnicity		Religion	
UPN		ULN	
Date started at school		Free school meals	

Parent/Carer name		Relationship to young person	
Telephone number:		Address:	
Parent/Carer <i>(must be included if there is a joint residency order in place)</i>		Relationship to young person	
Telephone number:		Address:	
Emergency Contact details:		Relationship to young person	
Telephone number:		Address:	

Provide details of any safeguarding issues when interacting with the young person's Parents/Carers at school or at their home.

Does the young person have any medical conditions that will impact on their time in school?		If yes provide details, including any medication they are on/will need to take during school hours	
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### ATTENDANCE

Attendance in the current academic year (%)	Attendance in the previous academic year (%)	Part-time timetable (please state hours)	Attendance on Off-Site Provision (%)	Have attendance proceedings ever been instigated?

# REINTEGRATE

## EDUCATION SOLUTIONS

Does the young person attract Pupil Premium Funding? <b>If yes complete the following</b>	
Detail the use of Pupil Premium to date	
Detail the outcomes/impact of these interventions	

Is the young person currently in care?		Has the young person previously been in care?	
Has there been any child protection concerns for this young person?		Provide contact details for further information	
Is the young person a young carer?		Is the young person a young parent?	

Detail all previous schools the young person has attended – please also include the dates they attended.	
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Does the young person currently have a statement of SEN/EHC Plan?			
If No			
Has the young person been put forward for statutory assessment?		Have you started to pull information together in preparation to begin the process?	
Have you considered starting the process?			
Does the young person have a CAF, or has one been started?		Has the young person been seen by an Educational Psychologist?	

# REINTEGREAT

## EDUCATION SOLUTIONS

### YOUNG PEOPLE IN KEY STAGE 3

End of Key Stage 1 attainment – Teacher assessment	Numeracy	Literacy	Reading
End of Key Stage 2 predicted Levels	Maths	English	Science
End of Key Stage 2 Test Outcome			

Subject	Current Key Stage 3 Level	End of Key Stage 3 prediction
English		
Mathematics		
Science		
Art & Design		
Computing, design and technology		
Languages		
Geography		
History		
Music		
Physical Education		
Religious Education		





# REINTEGRATE

## EDUCATION SOLUTIONS

BEHAVIOUR ( continued...)								
Is there a risk of:	None	Low		Medium		High		Provide detailed examples of the young person's behaviour including frequency
		1	2	3	4	5	6	
Name calling or verbal abuse								
Racist abuse								
Refusal to follow instructions								
Vandalism								

VULNERABILITIES					
Is there a risk of:	None	Low	Medium	High	Provide a detailed explanation of the young person's vulnerabilities
Absconding					
Being bullied including cyber bullying					
Domestic Violence					
Radicalisation					

# REINTEGRATE

## EDUCATION SOLUTIONS

VULNERABILITIES					
Is there a risk of:	None	Low	Medium	High	Provide a detailed explanation of the young person's vulnerabilities
	Risk taking behaviour				
Self-harm					
Sexual exploitation					
Substance misuse					
Other					

YOUNG PERSON'S STRENGTHS / INTERESTS

EXCLUSIONS		
Dates of exclusion	Number of days excluded	Detailed reason why excluded



# REINTEGREAT

## EDUCATION SOLUTIONS

### EXTERNAL AGENCY INFORMATION

Agency	Contact name	Telephone/E-mail address	Comments
Educational Psychologist			
Social Services			
Youth Offending Team			
CAMHS			
Speech and language therapist			
GP/Specialist Doctor			

### TO BE COMPLETED IF REQUESTING ASSESSMENT, SHORT TERM INTERVENTION PLACEMENT OR TARGETED INTERVENTION PROGRAMME KS3 & KS4

Reason for referral:			
Learning behaviour		Conduct behaviour	
Emotional behaviour		Other (please explain)	
Primary Concerns relating to the student's behaviour in school			
Detail preventative strategies used prior to referral			

### PROVIDE DETAILS OF SUPPORT AND OUTCOMES SOUGHT BY THE SCHOOL - THESE WILL BE INCLUDED IN THE REINTEGRATION PLAN TO BE AGREED BETWEEN THE SCHOOL AND REINTEGREAT EDUCATION SOLUTIONS.

Have the Parents/Carers been informed that this referral is being made?	
Date the parents were informed	
Have the parents/carers agreed to this referral?	
If no, please indicate reason	

# REINTEGRATE

## EDUCATION SOLUTIONS

SCHOOL DETAILS			
School Address			
Name of Referrer		Position of Referrer	
Contact Number		Contact email address	

ADDITIONAL SCHOOL DETAILS <i>(e.g. subject teachers, school nurse, SENCo, Learning Mentor)</i>			
Name	Role	Telephone number (including ext)	Email

HEADTEACHER / PRINCIPAL CONSENT	
I agree that this referral may be made, and that all of the information required has been provided and is up to date and accurate	
Signed	
Name	
Date	

**Governing bodies of maintained schools have the power to direct a pupil off-site for education to improve his or her behaviour. Section 29A of the Education Act 2002, introduced by the Education and Skills Act 2008 must be adhered to.**

CHECKLIST	
<b>THE FOLLOWING INFORMATION MUST BE INCLUDED WITH REFERRAL</b>	<b>Included?</b>
Most recent school report	
Young person registration certificate or other documentation that provides a breakdown of all absence and attendance codes	
Most recent assessment of young person with date	
Log of behaviour and/or incidents	
<b>PLEASE ALSO INCLUDE THE FOLLOWING WHERE AVAILABLE</b>	
Statement of SEN, Draft or Final EHCP	
CAF	
Educational Psychologist report	

# THANK YOU FOR COMPLETING THE FORM



**Please send form to  
[nick.reintegreat@gmail.com](mailto:nick.reintegreat@gmail.com)  
Thank you!**

**REMOVE BARRIERS  
RE-ENGAGE  
REINTEGRATE**