*Please return this form to IYFA@derby.gov.uk*

**Behaviour Strategy Referral and Challenge Guidance**

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| **Fresh Start** | **Fresh Start PLUS** | **Complex Fresh Start PLUS** |

* Before considering whether a student would benefit from a FRESH START, a FRESH START PLUS or a COMPLEX FRESH START PLUS, the following documentation will need completing by the referring school.
* Completed documentation, including supporting documents needs to be sent to [IYFA@derby.gov.uk](mailto:IYFA@derby.gov.uk) Supporting documents may include a Behaviour Intervention Plan or a Cycle of Support and a Risk Assessment (if appropriate).
* We must ensure a FRESH START, a FRESH START PLUS or a COMPLEX FRESH START PLUS is the best option for the student and that the referring school has provided appropriate support before any of these processes are considered.

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| **Name** |  | | | **School** |  | |
| **DOB** |  | | | **Year** |  | |
| **Address** |  | | | **Telephone number** |  | |
| **Gender** |  | | | **Ability** | HA, MA, LA | |
| **PP** |  | | | **SEN**  **(area of need)** |  | |
| **Previous schools** | | | | | | |
| **Positives about the student** | | | | | | |
| * How many positives in the school BFL system – How does this compare to the average? * Positive character traits of the student * Successful strategies for the student * Relationships with staff and other pupils | | | | | | |
| **Academic outcomes** | | | | | | |
| Please comment on current working levels and target grades | | | | | | |
| **Attendance** | | | | | | |
| **22/23** | |  | **21/22** | | |  |

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| **Concerns about the student** | |
| * Suspensions (how many? duration? reasons?) * Seclusions (how many? duration? reasons?) * How many negative points in the school BFL system? – How does this compare to the average? * Number of detentions, number of times in the school isolation room? * Concerning character traits of the student * Any other indicators of risk | |
| **Safeguarding / emotional wellbeing concerns** | |
| **Current Historical Not Applicable**   * Please give as much detail as possible * Is there a Team around the Child/ Family? * Please detail the names and contacts details of any professionals working with the student | |
| **Behaviour Intervention Plan or Cycle of Support** | |
| Evidence of the strategies and interventions the school have tried with the student, and the impact they have had, **MUST** be detailed in this section. | |
| **Strategies tried to date** | **Impact MUST be evidenced**  **There are some prompts to help with the comments** |
| Trusted adult | who was this? How much time did they have 121? What interventions did they do? |
| Mentoring | internal or external? how often? did they complete any specific work? |
| Parents Meetings | reintegration plans, targets and expectations |
| Time out cards/safe space access | when? where? |
| Emotional support provided | formal or informal? |
| Report cards | who did the student report to? did they have specific targets? |
| Additional screening (DIT, CAT, CIS, Boxall, PASS, etc) | Please list all the assessments the student has had and the action from the results  Schools must have completed the DIT for a Fresh Start PLUS and a Complex Fresh Start PLUS referral |
| SPoA referral | when? actions from the referral? communication following the referral? |
| Personalised timetable | what did this look like? How were the decisions made? |
| Group changes in school | when? how long for? |
| Smaller groups sizes | how long for? did the student’s timetable change? |
| Other staff supporting in lessons | what did this look like? |
| Technology to support learning | reader pen, translator dictionary etc. |
| Any other strategy or intervention tried and was successful or unsuccessful ……….. |  |
| **Team Around the Child meeting** | |
| A meeting **MUST** be held in school with the colleagues working with the student to identify vulnerabilities, share successful strategies and create the Behaviour Intervention Plan or Cycle of Support.  Areas to discuss include………….  (likes, dislikes, family influences, triggers, relationships, attendance, punctuality, friendships, types of behaviour etc.) | |
| **Detailed description of why the school believes that a FRESH START, FRESH START PLUS or COMPLEX FRESH START PLUS will have positive impacts on the student** | |
| **Student thoughts and reflections** | |

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| **Headteacher signature** |
| **Student signature** |
| ***I consent to the Fresh Start process and I understand that my child may be allocated any secondary school in Derby.***  **Parent signature** |