**Alternative provision – referral form**

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| **Pupil’s details** |
| **Pupil’s legal name in full** |  | **Date of birth** |  | **Year group** |  | **Gender** |  |
| **Ethnic group** |  | **First language** |   | **UPN** |  |
| **Religion** |  |
| **Current school** |  | **Date of referral** |  |
| **Reason for referral** |
| **State the reason for referral to a part time alternative provision placement (brief statement only, must complete commissioning agreement form with more specific, detailed targets)** |
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| **Attendance** |
| **Provide current and previous two years percentage attendance below. Summarise any factors that affect attendance.** |
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| **School contact details**Include: full name, position, email |
| **Main contact for placement** |  | **Attendance contact** |  |
| **DSL** |  | **SENCO** |  |
| **Other contact** |  | **Other contact** |  |
| **Parent/carer details** |
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| **First parent/carer name in full** |  | **Relation to pupil** |  | **Contact number** |  |
| **Second parent/carer name** |  | **Relation to Pupil** |  | **Contact number** |  |
| **Address** |  |
| **Email address** |  |
| **Transport arrangements** |
| **What arrangements have been made for the pupil to access provision(s)?** |

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| **Taxi**[ ]  | **Parent/Carer**[ ]  | **Independent travel** [ ]  |
| Taxi company…Contact number… | Parent/carer name…Parent/carer number… | Please provide details if known…. |

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| **ALL sections below MUST be completed (Click in box if applicable. If left blank, assumed n/a):** |
| **LAC** | **Voluntary** |[ ]  **Child protection****SEC 47\*** |[ ]  **Child in Need****SEC 17** | [ ]   | **Private Foster** |[ ]  **YOS** |[ ]
|  | **Statutory** |[ ]   |  |  |  |  |  |  |  |
| **\*If CP, state category:**  |
| **If LAC or CP which local authority holds the order:** |  | **Date in care:** |  |
| **Entitled to Free School Meals *(Full Day placements require this info)?*** |  |

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| **SEN/health details** |
| **EHCP or undergoing assessment (please state)** |  | **SEN support** |  | **N/A** |  |
| **Is the pupil considered to be disabled? If yes, please provide details.** |  |
| **Are there any access arrangements in place? (e.g., reader, scribe, extra time, prompter, rest breaks, enlarged papers, etc.** |  |
| **Briefly describe the pupil’s special educational needs (Please provide any information that alternative providers may need to be aware of or is of relevance to the placement).** |  |
| **Does the pupil have any medical needs / health concerns / physical needs / prescribed medication**  |  |
| **If there have been concerns about the pupil’s mental health? Please indicate whether a referral has been made to a mental health professional.**  |   |

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| **Other agencies involved (e.g. Social Care, Early Help, EWS)** |
| **Name of agency** | **Contact name** | **Email/phone numbers** |
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| **Safeguarding/risk assessment** |
| **Has a recent EHA been completed for this pupil?** | Yes [ ]  No [ ]  |
| **Does this pupil have a history of violence towards others?** **If yes, to whom?****Please provide brief details.** | Yes [ ]  No [ ] Details: |
| **Does this pupil pose a significant threat of harm to others or themselves?** | Yes [ ]  No [ ] Details: |
| **Does this pupil have any history of substance misuse?** | Yes [ ]  No [ ]  |
| **Does the pupil currently have an up-to-date risk assessment in place?**  | Yes [ ]  No [ ]  |
| **Please list any other significant events we need to be aware of that may impact on pupil behaviour.** |  |
| **Summarise any health and safety/safeguarding concerns that have not been covered by above.** |  |

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| **Current academic information** |
| **Is the pupil currently attending mainstream lessons?** | Yes [ ]  No [ ]  |
| **If no, where does the pupil access core subject lessons?** |  |
| **Is the pupil accessing any other alternative provision in addition to this referral e.g. school’s internal AP centre, other offsite vocational or core provision** | Yes [ ]  No [ ]  |
| **If yes, please provide brief details and add to timetable below:**  |  |

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| **Current working and target grades** |
| **Subject** | **Specification/ course** | **Delivered by** | **Target grade** | **Current grade** |
| **English** |  |  |  |  |
| **Maths** |  |  |  |  |
| **Other subjects relevant to referral (please list below)** |  |
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| **Other referral information** |
| **What are the pupil’s strengths / interests, including activities outside of school?** |
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| **Are parents aware of the referral? What are their views?** |
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| **If there have been concerns or information about the pupil’s social/family circumstances, please describe these briefly below.**  |
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| **Is the pupil aware of the referral? What are their views?** |
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| **Behaviour** |
| **Please state any current or historical behavioural concerns not already mentioned above.**  |
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| **Comment on the pupil’s attitude to work, with staff and with peers.** |
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| **Outline any successful behaviour strategies for working with this pupil.**  |
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**Other indicators of risk**

Please indicate whether any of the following apply to the pupil (x)

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|  | **Never** | **Occasionally** | **Frequently** |
| **Gives in easily to pressure from others** |[ ] [ ] [ ]
| **Has poor control of temper** |[ ] [ ] [ ]
| **Challenges authority** |[ ] [ ] [ ]
| **Has caused damage to property** |[ ] [ ] [ ]
| **Verbally abuses peers** |[ ] [ ] [ ]
| **Verbally abuses staff** |[ ] [ ] [ ]
| **Displays aggressive behaviour** |[ ] [ ] [ ]
| **Has caused deliberate injury to peers** |[ ] [ ] [ ]
| **Has caused deliberate injury to staff** |[ ] [ ] [ ]
| **Displays sexually inappropriate behaviour** |[ ] [ ] [ ]
| **Attempts to manipulate / control others** |[ ] [ ] [ ]
| **Is at risk of self-harm** |[ ] [ ] [ ]
| **Drugs / alcohol have an impact on behaviour** |[ ] [ ] [ ]
| **Has brought in or used an offensive weapon** |[ ] [ ] [ ]
| **Has shown racist behaviour** |[ ] [ ] [ ]