**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** | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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)?** | |  |  |  | | --- | --- | --- | | **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** |  |  |  |