**Behaviour strategy referral and challenge guidance**

***Please return this form, including supporting documents to IYFA@derby.gov.uk***

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| **‘Stay put’ work** | **Fresh Start** | **Fresh Start PLUS** |

**Please outline below the reason for the referral and what you would like to achieve.**

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| **Name** |  | **School** |  |
| **DOB** |  | **Year** |  |
| **Address** |  | **Parent/ carer name** |  |
| **Telephone number** |  |
| **Gender** |  | **Ability**  | HA, MA, LA |
| **PP** |  | **SEN** **(area of need)** |  |
| **Previous schools**  |
| **Positives about the student** |
| * Strengths of the pupil
* Successful strategies for the student
* Relationships with staff and other pupils
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| **Academic outcomes**  |
| Please comment on current working levels and target grades  |
| **Attendance**  |
| **24/25** |  | **23/24** |  |

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| **Concerns about the student** |
| * Suspensions (how many? duration? reasons?)
* Concerning character traits of the student
* Any other indicators of risk (do they pose a risk to themselves, or others?)
* Briefly describe the pupil’s behaviour?
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| **Safeguarding / emotional well-being 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
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| **Describe what is currently in place to support the pupil** |
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| **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**  |
| 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 group 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 that has been 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.) |

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|  **Copes well                    Difficulty coping  (please tick** ü**)** |
|  | **1** | **2** | **3** | **4** | **5** |
| **Whole class settings** |  |  |  |  |  |
| **Small group settings** |  |  |  |  |  |
| **One to one basis** |  |  |  |  |  |
| **On corridors / general movement around building** |  |  |  |  |  |
| **Lunch / break times** |  |  |  |  |  |
| **Before and after school** |  |  |  |  |  |

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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** |  |  |  |

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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 local primary school.*** **Parent signature** |