

# Referral Form for Alternative Provision

**Please Note:** Incomplete referral forms will not be accepted



## 1. Referring School/Commissioner

<b>Current School/Commissioner</b>			
<b>Named School/Commissioner Contact</b>			
<b>Tel. N°.</b>		<b>Email</b>	

## 2. Student Details

<b>Name</b>		<b>UPN N°.</b>	
<b>Date of Birth</b>		<b>Gender</b>	Male / Female
<b>Current School Year</b>		<b>Ethnicity</b>	
<b>Contact Address</b>			
<b>Tel. N°.</b>		<b>Email</b>	

### Medical Needs *(please provide details)*

<b>Medical</b>	
<b>Known Allergies</b>	
<b>Dietary Requirements</b>	
<b>Accessibility Issues</b>	

### Parent / Carer Information

<b>Parent / Carer Name</b>			
<b>Tel. No.</b>		<b>Email</b>	

## 2. Education Profile

### Student's prior attainment

	<b>Key Stage 2</b>	<b>Key Stage 3*</b>
<b>Numeracy</b>		
<b>Literacy</b>		
<b>ICT</b>		
<b>Personal &amp; Social Development</b>		
If information is not available please supply a teacher assessment		

\* If available

### Attendance Information

Current Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)	Date of last Attendance	Is the student expected to attend 5 days/week?
				YES / NO
If no, please provide further details:				
EWO Involvement		YES / NO If yes, please provide contact details		
Name		Tel. N°.		

### Exclusion history over last 12 months

Dates of exclusion		Length of exclusion (days)	Reason for exclusion
From	To		

### Details of any previous secondary schools attended

Name of Schools	From	To

## 3. SEND Profile

Please tick all the boxes that apply to the student

School Action

School Action Plus

Statemented

Please provide details of the student's:

Primary Need	
Secondary Need	
Tertiary Need	
IEP	YES / NO If yes please attach
Does the student have a specific diagnosis? (e.g. ADHD, ASD, Epilepsy, Dyslexia)	YES / NO
Does the student have a Risk Assessment in place?	YES / NO If yes, please attach

## 4. Social Profile

<b>Is the student open to social care?</b>	YES / NO	If yes, please provide contact details	
<b>Name</b>		<b>Tel. N°</b>	

<b>Does the student have a CAF?</b>	YES / NO	If yes, please provide contact details	
<b>Name:</b>		<b>Tel. N°.</b>	

<b>Is there an active team around the child process?</b>	YES / NO	If yes, please provide contact details	
<b>Name of Lead Professional:</b>		<b>Email</b>	

Known Issues	Support provided by School
<b>Family Overview</b> (i.e. Position of child in relation to siblings, parental details etc.)	

### Other Agency Involvement (tick all that apply)

	Current	Expired	Contact Name	Email
<b>YOT</b>				
<b>Police</b>				
<b>Malt/CAMHs</b>				
<b>Connexions</b>				
<b>Other</b> (state)				

### Current Status

**Does the student fall in to a vulnerable group?** YES / NO If yes, tick all that apply

- |                       |                          |                         |                          |                               |                          |
|-----------------------|--------------------------|-------------------------|--------------------------|-------------------------------|--------------------------|
| <b>Looked after</b>   | <input type="checkbox"/> | <b>Traveller child</b>  | <input type="checkbox"/> | <b>Child of asylum seeker</b> | <input type="checkbox"/> |
| <b>Young carer</b>    | <input type="checkbox"/> | <b>Teenage parent</b>   | <input type="checkbox"/> | <b>School refuser</b>         | <input type="checkbox"/> |
| <b>Young offender</b> | <input type="checkbox"/> | <b>Eligible for FSM</b> | <input type="checkbox"/> |                               |                          |

## 5. Reason for Referral

Please provide specific reasons for the referral

--

## 6. Provision Details

	Name	Course
1st Choice Provider		
2nd Choice Provider		

Type (please select)	Full time / Part time				
Preferred Day(s) (please select)	Monday	Tuesday	Wednesday	Thursday	Friday

## 7. Student Profile

Please rate the student's skills in each of the following areas

	Excellent			Poor
Attendance	1	2	3	4
Time Keeping	1	2	3	4
Confidence	1	2	3	4
Interaction with other students	1	2	3	4
Interaction with Teachers	1	2	3	4
General behaviour	1	2	3	4
Attitude to home life and current situation	1	2	3	4
Parental Attitude to	1	2	3	4

Provide details of the student's interests and aspirations

(Once the form is complete please send it to [sgse@sotoservices.co.uk](mailto:sgse@sotoservices.co.uk) )

--