

Individual Referral Form

Section 1: Referrers details

Referrers name	
Referrers relationship to child	
Referrers email address	
Referrers home/mobile number	
Date of referral	

Section 2: Child's details

Child's full name	
Child's date of birth	
Child's UPN (unique pupil number)	
Child's sex at birth	
Child's current pronouns	
Current education setting	
Child's local authority	
Child's nationality	
Child's ethnicity	
Child's home language	

Parent/carer name	
Home/mobile number	
Address where currently living	
Postcode	

Reason for referral: Provide a brief explanation as to why you are referring this student to us e.g. permanent exclusion, targeted support needed, etc,

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Section 3: Child's behaviours

What are the child's primary needs?	
Communication and interaction Speech, language and communication needs	
Cognition and learning Specific learning difficulties	
Social, emotional and mental health Emotional regulation, social development	
Engaging with learning	
Physical/sensory/medical	

Please give further information on boxes ticked if possible

Interventions & assessments: Please provide any details regarding interventions or assessments which have been put in place for the child. E.g. Child protection plan, bespoke curriculum, mentor, etc,

What factors are present that may affect their primary needs?	
Changes in home life E.g. conflict, breakdown, moving house, grief, divorce, financial worries, etc	
High levels of disruption E.g. Shouting, throwing objects, damaging property, etc	
Anti-social behaviors E.g. Fighting, bullying, swearing, etc	
High levels of anxiety E.g. impulsive, fidgeting, inattentive, etc	
Community behaviors E.g. known to the police, known to carry weapons, gang affiliation, etc	
High risk behaviors E.g. smoking, alcohol, drug use, unprotected sex, etc	
Social isolation from peers E.g. not talking, isolation, being bullied	
Traumatized behaviors E.g. withdrawn, elective mute, self-harm	
Oppositional behavior E.g. refusing requests, sulking, absconding	
Other:	

Section 4: School's voice

What are the key academic challenges the child has faced?
Academically, reading, socially, etc

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What if any interventions have been put in place for this child?

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How does the child interact in the classroom?
E.g. focused, distracted, engaged, etc

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Please explain what is known to you regarding the child's life and all information relevant:

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What is the child's current attendance %	
Does the child have a history of exclusions?	
Does the student have any special educational needs?	

Section 4: Student's voice

How do you feel about going to school?

Are there factors outside of school that affect how you feel when at school?

Do you have any hobbies and activities you enjoy outside or inside of school?

What are your goals or things you would like to achieve in the future?

Section 5: Parent's voice

How would you explain the child's temperament and personality at home?

Are there any family/ life circumstances that may be affect the child's behavior?

What are your hopes and expectations while the child is with us?

Section 6: Additional considerations

Please select those that apply to the child

Young carer	<input type="checkbox"/>	Safeguarding risk	<input type="checkbox"/>
Child in care	<input type="checkbox"/>	Child in need	<input type="checkbox"/>
Child protection	<input type="checkbox"/>	Medical needs	<input type="checkbox"/>

Other, please state:
If medical needs ticked please state:
Allergies or intolerances?:

What are any agencies that are currently supporting the child? E.g. CAMHS, children's social care, child psychiatrist, etc
Is there anything further we should be aware of?

I have risk assessed the student and consider him/her to be suitable for referral to alternative provision:

Name:

Position: School/Agency:.....

Signed..... Date