xxxxxxx. Student Referral and Risk Assessment Pack

2023/2024

Date:

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year group: \_\_\_\_\_\_\_\_\_

Referring agency/school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Knox Road/ Rose Cottage?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Referral Form**

Please complete this form to the best of your knowledge. Please attach any additional documents you feel will help us to support the student such as last IEDP, academic report, attendance records etc.

**Student details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student name****Preferred name** |  | Male/Female/prefer not to say |  |
| **Home Address****Including postcode** |  |
| **Student mobile number** |  | **Date of Birth** |  |
| **Current age** |  | **Ethnicity** |  |
| **First language** |  | **Eligible for pupil premium?** |  |
| **Language spoken at home** |  | **Eligible for free school meals?** |  |
| **Unique Pupil Number (UPN)** |  |

**Parent/Carer Details**

|  |  |
| --- | --- |
| **Parent/Carer Name 1:** |  |
| **Relationship to Child:** |  |
| **Parental Responsibility?** |  |
| **Home Address** |  |
| **Contact Numbers** | **Mobile:** **Work:** **Email:**  |

|  |  |
| --- | --- |
| **Parent/Carer Name 2:** |  |
| **Relationship to Child:** |  |
| **Parental Responsibility?** |  |
| **Home Address** |  |
| **Contact Numbers** | **Mobile:** **Work:** **Email:**  |

**Doctors name and address: Doctors telephone number:**

**Please specify any medical conditions or Illnesses (please provide details):**

**Medications being taken:**

**Are these taken onsite? Yes/ No Frequency: Possible side effects:**

**Any known allergies? Yes/ No**

**If yes, what allergy and please provide details of medication required.**

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| **Medical details** |

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|  **Education history details** |

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| --- | --- | --- | --- |
| **Present school/education provider:** |  | **Attendance % for last academic year:** |  |
| **Start date at this school/education provider:** |  | **Current attendance %:** |  |
| **Member of known gang or gang affiliation**  | Yes / no /suspected. Please provide details if you have stated yes or suspected  |
| **Reason for referral:** (Please specify main areas of difficulty- learning, emotional/behavioural, and relationships with peers/adults and overview of any fixed term exclusions). Attach behaviour record with exclusion record to this referral.  |
|  |
| **Please specify any other additional support needs and any intervention that the student has already received** |
|  |
| **Please specify academic progress including specific topics the student enjoys or is particularly good at. Please attach latest report and attainment levels** |
|  |

 **Additional information**

Please identify if the student falls in to any of the categories below.

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| --- | --- | --- | --- |
| **Looked After Child (LAC)** |  | **Young Carer** |  |
| **Early Help** |  | **Ex-offender / YOS** |  |
| **Child In Need Plan** |  | **Teenage Mother** |  |
| **Child Protection Plan** |  | **CIRV** |  |
| **EHC Plan/Statement** |  | **If Yes – Start date:** |  |
| **ASD – Autistic Spectrum Disorder** |  | **MLD – Moderate Learning Difficulty** |  |
| **MSI – Multi Sensory Impairment** |  | **OTH – Other Difficulty/Disability** |  |
| **PD – Physical Disability** |  | **SEMH – Social, Emotional and Mental Health** |  |
| **SLCN – Speech, Language and Communication Needs** |  | **SPLD – Specific Learning Difficulty** |  |
| **On School SEN Register with no formal diagnosis?** |  | **If yes – please use the box below to outline the support currently in place.** |  |

If you have ticked yes to any of the above, please outline details and dates of any future meetings (Core groups etc.)

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| --- | --- | --- |
| **Name of contact and agency of referral:****Contact number:****Email address:** |  |  |
| **Will be responsible of any future communication** | **YES** | **NO** |
| **Is the student still attending your school/agency?** | **YES** | **NO** |
| **Is the student still on your school/agency roll?** | **YES** | **NO** |
| **Has the student been excluded?** | **YES** | **NO** |
| **If the student has been excluded, is this a permanent exclusion?** | **YES** | **NO** |

**Please provide details of any other agency that are known to work with the student and/or the student’s family.**

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| --- | --- | --- | --- |
| **Agency** | **Name** | **Email** | **Telephone** |
| **Social Worker** |  |  |  |
| **Child & Adolescent Mental Health Service** |  |  |  |
| **Other Health Agency** |  |  |  |
| **Youth Offending Team****CIRV** |  |  |  |
| **Education Inclusion Team** |  |  |  |
| **Youth Programmes**  |  |  |  |
| **Councillor / mental health Practitioner** |  |  |  |
| **Careers/Personal Advisor** |  |  |  |
| **Other** |  |  |  |

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| **Family Set Up / Living Arrangements –** Personal circumstances (please ensure you enter any information that you or the student feels may affect their education including details of family, siblings and relationships). |
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xxxxx related interests

Does the student have an interest in **Construction** and **Mechanics**?

Does the student have any experience in construction or Mechanics? (*eg: work experience, family business,* *hobbies?*)

If not, is the student willing to participate in a Construction and Mechanic qualification?

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| Looking to the future.What would the student like to do post 16? Which careers interest them? |
|  |

**Insight in to Behaviours**

Please complete as much information as you can under each behaviour section

|  |  |  |  |
| --- | --- | --- | --- |
| Would you consider the student Violent? |  | Student Dislikes |  |
| Habits (for example, smoker?) |  | Students positive behaviours |  |
| Triggers |  | Students negative behaviours |  |
| Students Likes |  | Timings and locations of when most frequent negative behaviours occur |  |
| Who is the negative behaviour most frequently aimed towards? (IE: peers, staff, ethnic minorities, opposite sex) |  | Does the student display any radical or extremist views? |  |
| Has this student ever carried a weapon or expressed an interest in weapons?  |  | Any other information relevant in regards to behaviour?These programs allow students to access tools and it is important we understand any potentially risky behaviours.  |  |

 **Possible Reasons for Behaviour**

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| --- | --- | --- | --- |
| Easily Frustrated with work |  | Family history of drug/substance misuse |  |
| Conflict with peers |  | Drugs/substance misuse |  |
| Peer pressure |  | Anger issues |  |
| Defensive |  | Learned behaviour |  |
| History of child abuse or/and neglect |  | Perpetrator of a crime |  |
| Racism / extremist views |  | Victim of assault / a crime |  |
| Emotional distress |  | Grief in past 2 years |  |
| External issues – court cases etc. |  | Medical condition |  |

 **Implemented strategies and intervention.**

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| **Please outline any strategies that are already in place for the student, e.g. personal tutorials, supervised break times etc.**  |
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| When would you like the student to start?Which program? xxxxx / xxxx / xxxxx |