**Referral Form for Alternative Provision 2022/2023**

**Referring School or Local Authority**

|  |  |
| --- | --- |
| **Current school/ L.A.** |  |
| **Named school/ L.A.** |  |
| **Safeguarding Lead** |  |
| **Tel. No.** |  | **Email** |  |

**Pupil Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **UPN No.** |  |
| **D.O.B.** |  | **Gender** |  |
| **Yr Group** |  | **Ethnicity** |  |
| **Contact Address** |
| **Tel. No.** |  | **Email** |  |

**Medical Needs** (please provide details)

|  |  |
| --- | --- |
| **Medical** |  |

**Parent/ Carer Information**

|  |  |
| --- | --- |
| **Parent/ Carer name** |  |
| **Tel. No.** |  | **Email** |  |

**Education Profile- Pupil’s priory attainment** (if known)

|  |  |  |
| --- | --- | --- |
| **Teacher Assessment** | **Current Attendance (%)** | **Any Exclusions** |
|  |  |  |

**Pupil Profile- Please provide details of the pupil’s;**

|  |  |
| --- | --- |
| **Primary Need (reason for referral)** |  |
| **Secondary/ other needs** |  |
| **Pupil interests and aspirations** |  |
| **IEP/ PPP/ Action Plan** | YES/ NO (please attach) |
| **Does the pupil have a specific diagnosis? What? (e.g. ADHD, ASD, Epilepsy, Dyslexia)** | YES/ NO  |
| **Does the pupil have an EHCP?** | YES/ NO (please attach) |
| **Does the pupil have an EHCP application in process?** | YES/ NO |
| **Does the pupil have a risk assessment?** | YES / NO (please attach) |

**Social Profile**

|  |  |
| --- | --- |
| **Is the pupil open to Children’s Social Care?** | **No** |
| **Social Worker’s name** |  | **Tel. No.** |  |
| **Does the pupil have any other professionals working with them?** |  |

|  |  |
| --- | --- |
| **Known Issues** | **Support provided by school** |
|  |  |
|  |  |
| **Family Overview** (i.e. Position of child in relation to siblings, parental details etc.) |  |

**Current Status- does the child fall in to a vulnerable group?**

|  |  |  |  |
| --- | --- | --- | --- |
| **CIN/ Looked After (CLA)** | **Young Carer** | **Young Offender** | **FSM** |
|  |  |  |  |

**Proposed Placement Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** |  | **End Date** |  |
| **Length of placement** |  |
| **Review Date** |  |

**Provision details- Evolve Enterprise**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preferred day(s)** (please select) | Monday | Tuesday | Wednesday | Thursday | Friday |

**Please rate the pupil’s skills in each of the following areas**

|  |  |
| --- | --- |
|  | **Excellent Poor** |
| **Attendance** | 1 | 2 | 3 | 4 |
| **Timekeeping** | 1 | 2 | 3 | 4 |
| **Confidence** | 1 | 2 | 3 | 4 |
| **Interaction with other pupils** | 1 | 2 | 3 | 4 |
| **Interaction with teachers** | 1 | 2 | 3 | 4 |
| **General behaviour** | 1 | 2 | 3 | 4 |
| **Attitude to home life** | 1 | 2 | 3 | 4 |
| **Parental Attitude to school.** | 1 | 2 | 3 | 4 |

**School Signature: ................................ Date: ....................................**

**Name and Job Title: ......................................................**

**Contact (phone/email): ...**

**PLEASE RETURN THIS FORM TO JOHN BENNETT OR RUSS GREENOP AT;** **evolveenterprisewirral@gmail.com**