

 TORBAY ALTERNATIVE PROVISION

**SECONDARY BEHAVIOUR REFERRAL FORM**

**Please complete ALL relevant sections as fully as possible. Insufficient information will delay the processing of the application.**

Please return completed form to pupilpanels@torbay.gov.uk & ecliffeduffield@brunelandburtonacademies.org.uk

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| **Referring School** |
| School name |  | Date referred |  |
| Name of link person at School |  | Tel no |  |
| Email |  |

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| **Student Details** |
| Name  |  | Care experienced | Yes/No |
| Date became Care experienced: |  |
| Date of Birth |  | Age: | School year: | M / F |
| Address |  |
| Postcode |  | Pupil Premium:  | Yes/No |
| Parent/carer name |  | Home phone no |  |
| Email |  | Mobile no |  |
| Alternative address |  |  |  |
| Parent/carer name |  | Home phone no |  |
| Email |  | Mobile no |  |
| Sibling details |  |
| UPN |  | Date last attended |
| Current academic year attendance% |  | Last academic year attendance % |
| Other schools attended in last 3 years |  |

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| **Safeguarding** |
| Have there been/ are there any safeguarding concerns? Please give details |  |
| Has there been / is there a Child Protection or Child in Need Plan for this child? |  |
| Please give details of concerns and any Plans |  |
| Has the child been in care in the past? Please give details |  |
| Has the pupil committed any offences? |  |
| Please give brief details and contact name and phone number |  |
| Is the pupil working with YOT? |  | Name and contact details of YOT worker |  |
| Has the pupil been involved in violence towards others, suicide attempts, drug abuse, arson or theft that has not already been noted? If yes, please give details: |

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| **Student’s Health** |
| Pupil’s general state of health |  |
| Does the pupil suffer from any of these?  | Epilepsy | Y / N | Diabetes | Y / N |
| Asthma | Y / N | ADHD | Y / N |
| Other health concerns |  |

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| **SEN** |
| Additional Support |  | Statement of SEN |  | Education Health & Care Plan |  | RSA & date |  |
| Key areas of concern |  |
| Brief outline of support given in school |  |
| Additional resources/ aids to learning(spectacles, laptop etc) |  |  |  |
| Seen by Educational Psychologist  | Y / N/Referral made (please attach copy) | Name and contact details |  |
| EP report attached | Yes/No |
| Date of last annual review |  | Date of exceptional review |  |
| Date of next review |  |
| School SENCo name |  | Phone no |  |

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| **SHEF/MASH** |
| Completed |  | Pending |  | Not completed |  |
| Dates and key outcomes |  |

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| **Other agencies involved** |
| **Agency** | **Contact name** | **Telephone number** |
| **Children’s Services** |  |  |
| Nature of involvement |
| **YOT** |  |  |
| Nature of involvement |
| **CAMHS** |  |  |
| Nature of involvement |
| **Attendance /welfare officer** |  |  |
| Nature of involvement |
| **NHS** |  |  |
| Nature of involvement |
| **Other** (please specify) |  |  |
| Nature of involvement |

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| **School contacts** |
| Position/Subject | Name | Phone/email |
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| **This referral** |
| Please explain in detail why you are making this referral to the Pupil Referral Panel: |
| Has this placement been discussed with the pupil? |  |
| What is the pupil’s view towards the placement? |  |
| What is the parent/carer’s view towards the placement? |  |

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| **Academic record** ***please complete all sections with latest available information*** |
| **scores and present levels (with dates):** |
| **CATs** | **KS2** | **Date** | **KS3** | **Date** | **KS4 (Y10)** | **Date** |
| VQNVMean | Maths |  |  | Maths |  |  | Maths |  |  |
| English |  |  | English |  |  | English |  |  |
| Science |  |  | Science |  |  | Science |  |  |
| Other |  |  | Other |  |  | Other |  |  |
| **Present curriculum details (KS4 only)** |
| Subject | Board | Syllabus | Code | Linear/ Modular | Present grade | Predicted grade |
| Maths |  |  |  |  |  |  |
| English |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |
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| **Controlled assessment details** |
| Subject | Course/ Examination requirements | Completed (Yes/No) | Available (Yes/No) |
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| Other curriculum details e.g. vocational/work experience: |

**Behaviour Threshold Indicators**

The following section has been designed to provide clarity as to whether thresholds for further intervention have been met.

**Primary Indicators:**

The following list is not exhaustive and it is not anticipated that all interventions will apply in every case. However, it is important that referrers provide detail and clarity as to which interventions have been implemented, in order for the Panel to determine whether onward referral is appropriate.

Please provide an indication of the strategies employed in support of the child so far. (Documentation must be attached, where appropriate.)

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| **Intervention Type** | **Intervention Strategy** | **YES / NO** | **Documentation Attached** **(Please provide details)** |
| **School-Led** | Personalised changes to the pupil’s timetable and/or curriculum | **YES / NO** |  |
| Targeted support for the pupil in class | **YES / NO** |  |
| Targeted support for the pupil during unstructured periods of the school day | **YES / NO** |  |
| Referral to external providers of alternative curriculum | **YES / NO** |  |
| Referral to Attendance Improvement Service | **YES / NO** |  |
| Increased support and contact with parents/cares, including implementation of a Parenting Contract and/or referral to “Triple P” programme | **YES / NO** |  |
| Implementation of an appropriate behaviour intervention programme (THRIVE, SEAL, SPINE etc.) | **YES / NO** |  |
| Other (Please provide details) | **YES / NO** |  |
| **Educational Psychology Service** | Consultation with Educational Psychologist | **YES / NO** |  |
| Initial assessment by Educational Psychologist | **YES / NO** |  |
| Implementation of strategies proposed by Educational Psychologist (over a period of not less than 12 weeks) | **YES / NO** |  |
| Request for Statutory Assessment | **YES / NO** |  |
| Other (Please provide details) | **YES / NO** |  |
| **Health and Social Care** | Signposting and/or referral to non-statutory sources of support and guidance (eg “Checkpoint”) | **YES / NO** |  |
| Referral to school nursing team | **YES / NO** |  |
| Referral to appropriate specialist nursing team (Sexual Health, ADHD, Smoking Cessation etc.) | **YES / NO** |  |
| Consultation with YOT | **YES / NO** |  |
| Referral to Multi-Agency Safeguarding Hub | **YES / NO** |  |
| Request for review of social care plan and/or escalation of support by child’s social worker, family support or IYSS worker | **YES / NO** |  |
| Other (Please provide details) | **YES / NO** |  |

**Supplementary Evidence**

Please attach any of the following documentation in support of the referral.

If supplied, these should support the view that referral to a non-mainstream setting will enhance the education, safeguarding and/or health of the child.

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| Educational Psychologist’s report | **YES / NO** |
| Social care report  | **YES / NO** |
| Medical report | **YES / NO** |

**Please complete a Readiness for Transition (R4T) matrix to indicate a baseline score for this pupil and submit along with this form. If you do not have a copy of this, please email** **pupilpanels@torbay.gov.uk**