



## Referral Pack

02/2018

Forename		
Surname		
Date of Birth		
Current / Most recent school		
Year group		

### Instructions

This referral pack is designed to cover a range of different services offered by The Short Stay School for Norfolk

Please complete all sections.

**Referrals will not be accepted without the risk assessment (section 16) and will be discarded.**

The contents of this referral are for the sole use of the SSSFN and should not be replicated without prior permission.

### Please Note

- 1) Referrals cannot be accepted without parental consent (except in the case of permanent exclusions)
- 2) Medical Needs Referrals MUST be accompanied by medical evidence to prove that the young person is medically unfit for school. Referrals without such evidence will be ignored.
- 3) Referrals should include a summary of the attendance and behaviour data for the past three terms.
- 4) In the case of Permanently Excluded students a copy of the young person's school file should be sent as soon as possible after the referral has been made. Schools SHOULD NOT wait until after the Governors Hearing.

Young Persons Details				1
Forename				
Surname				
Date of Birth				
Current / Most recent school				
Year group		Key Stage		
UPN / ULN / UCI	UPN:	ULN:	UCI:	
Gender	M / F			

Safeguarding Information		2
	Y or N	Contact Details of Social Worker:
LAC – In Foster Care		Name:
LAC – In a Children’s home		Tel Number:
Post LAC – Special Guardianship		
Post LAC – Residence Order		
Post LAC - Adoption		
Privately Fostered		
CP Plan		
CIN		
FSP		FSP Lead Professional: Name: Tel Number:
Young Carer		Has a referral ever been made to MASH for this pupil? Y/N
Is there a CP/Safeguarding file for this pupil?		

Parent Carer Details	Primary (Main)	Additional	3
Parent/Carer Name			
Relationship (eg. Mother)			
Home Tel :			
Mobile Tel :			
Email Address			
Home Address			
Post Code			

Referrer Details		<b>4</b>
Referrer Name		
Referring Agency / School		
Contact Address		
Contact Tel		
Contact Email		

Education Details		<b>5</b>
Currently On School roll ?	Y / N	Name of School
Date of Permanent Exclusion		
Percentage Attendance		Date of Last Attendance
Attendance Concerns?		Fast Track Y / N
School Contact Name		
School Contact Email / Tel		
School Senior Designated Officer for Child Protection		

Most Recent Attainment		<b>6</b>
English		Maths
Science		ICT
Last SAT Results		
English		Maths
Science		ICT
Reading Age		
Other Subjects	Grades	
More academically able/talented	Y / N and please describe	
Qualifications already attained		
Qualifications already entered for		

Medical Details		7
Doctors Name		
Surgery		
Tel Number		
Known Medical Issues	Y / N	Details:
Medication	Y / N	Details:
Has a referral been to any other agency?	CAMHS Y/N	Matthew Project Y/N
	Point 1 Y/N	MAP Y/N
	Any other agency, please give details?	
Do you believe there are concerns around the mental health of this child?	Y/N	

SEN Information – Tick one box only				8
SEN Code: (circle)	N No SEN	K SEN Support	S Statement	E EHCP
If K, S or E - Description of Need:		EHCP Co-Ordinator Name and Contact Details:		
Has an EHCP ever been applied for this pupil? Y/N		Last review date:		
If Y please give date:		(Please attach a copy of the EHCP)		

Young Person's Status			9
Ethnicity			
Country of Birth			
Nationality			
EAL	Y / N		
First Language			
Proficiency in English	<b>A</b> (New to English)	<b>B</b> (Early Acquisition)	<b>C</b> (Developing Competence)
	<b>D</b> (Competent)	<b>E</b> (Fluent)	<b>N</b> (not yet assessed)
Please answer Y or N to the following questions			
Traveller			
Asylum Seeker			
Refugee			
Free School Meals			
Pupil Premium	If 'Y' please give the reason:		
Teenage Parent			

Other Agency Involvement – Past or Present (e.g. CAHMS, YOT, YISP)			10
Agency Name	Contact Name	Email / Tel	

Exclusions			11
Number of Fixed Term Ex this Year		Total Days	

Reason for Referral			12
Main Concerns			
Areas of Concern	Tick		
	Behaviour in Lessons		
	Behaviour in Unstructured Times		
	Behaviour in the community		
	Behaviour at Home		
	Lack of Academic Progress		
Involvement Requested			
PEX		Medical Needs Provision	
Managed Move		CME	

<b>Parent / YP Consent</b>			<b>13</b>
Parent informed of Referral		Date of Conversation	
YP Informed		Date of Conversation	
Parent Consent	By signing this referral the parent is consenting to the involvement of the Short Stay School and its staff. Information regarding the young person will be shared with the Short Stay School solely for the purpose of improving outcomes for the young person. This will include sharing information with the Educational Psychologist and Clinical Psychologist. The parent further consents that where appropriate the clinical psychologist and other SSSFN staff can liaise with other agencies involved with the Young Person.		
Parent Signature			
YP Views			

<b>Previous Interventions – Please indicate Y or N and please provide details</b>		<b>14</b>
IEP		
PSP		
Norfolk STEPS		
Ed Psych		
BSP		

<b>Description of Key Issues</b>	<b>15</b>
<b>Desired Outcomes of Referral</b>	
<b>YP's Strengths</b>	
<b>YP's Weaknesses</b>	

<b>Pupil: Name</b>		<b>DOB:</b>
<b>Please indicate whether any of the following been a cause for concern in the past</b>	<b>Y/N Please indicate</b>	<b>Please give details (continue on next page if necessary)</b>
Has s/he shown violent behaviour towards female staff?		
Has s/he shown violent behaviour towards male staff?		
Has s/he shown violent behaviour towards female peers?		
Has s/he shown violent behaviour towards male peers?		
Has s/he shown verbal aggression toward female staff?		
Has s/he shown verbal aggression toward male staff?		
Has s/he shown verbal aggression toward female peers?		
Has s/he shown verbal aggression toward male peers?		
Has s/he shown impulsive/dangerous behaviour?		
Has s/he been known to carry offensive weapons?		
Does s/he display discriminatory tendencies?		
Has s/he been involved in bullying?		
Has s/he been bullied in the past?		
Has s/he shown inappropriate sexual behaviour towards female staff?		
Has s/he shown inappropriate sexual behaviour towards male staff?		
Has s/he shown inappropriate sexual behaviour towards female peers?		
Has s/he shown inappropriate sexual behaviour towards male peers?		
Does s/he use alcohol or drugs?		
Is this a regular occurrence?		
Does drug use result in aggressive/violent behaviour?		
Has s/he been involved in dealing drugs?		
Is there evidence of self-harm?		
Other risk factors: please identify		
Please provide any information you may have highlighting possible triggers for any of the behaviours you have identified above:		



Actions to be taken to minimise risk:

Does this pupil have a Positive Handling Plan: Y / N

Acknowledgement		17
I hereby acknowledge that the information within this referral is complete and accurate at the time of writing and that I have the consent of the Young Person and appropriate Parents / Carers to share this data.		
Signed		
Print Name		
Position		
Date		