

**Referral Pack**

03/2020

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| --- | --- | --- |
| Forename |  | |
| Surname |  | |
| Date of Birth |  | |
| Reason for Referral | Permanent Exclusion Y CME Y KSX Y | |
| Current / Most recent school |  | |
| Year group |  |

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| **Referring to The Short Stay School for Norfolk** |
| When referring a pupil to the SSSfN after a permanent exclusion this referral form, together with any supporting information, should be sent to [csexclusions@norfolk.gov.uk](mailto:csexclusions@norfolk.gov.uk) within 48 hours of the permanent exclusion.  When referring a pupil to the SSSfN as a CME this referral form, together with any supporting information, should be sent to [sssfn.referral@norfolk.gov.uk](mailto:sssfn.referral@norfolk.gov.uk)  Please ensure this form is fully completed and that full details of any agencies working with the pupil and their family are given to ensure that the pupil can be fully supported and all safeguarding concerns can be addressed.  The Norfolk County Council Fair Access Team will maintain a central record of all referrals.  The contents of this referral are for the use of the SSSfN and Norfolk County Council.  The information contained in the form may be shared with other professionals in order to safeguard the referred pupil.  **Any incomplete referrals will be returned.**  The SSSfN will request school files when a place becomes available for the pupil. |

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| Young Persons Details | | | | **1** |
| Forename |  | | | |
| Surname |  | | | |
| Date of Birth |  | | | |
| Year group |  | | | |
| UPN / ULN / UCI | UPN: | ULN: | UCI: | |
| Gender | M / F | | | |

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| Parent Carer Details Primary (Main) | | Additional | **2** |
| Parent/Carer  Name |  |  | |
| Relationship (eg. Mother) |  |  | |
| Home Tel |  |  | |
| Mobile Tel |  |  | |
| Email Address |  |  | |
| Home Address |  |  | |
| Post Code |  |  | |

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| Referrer Details | | **3** |
| Referring Agency / School |  | |
| Referrer Name |  | |
| Contact Email |  | |
| Contact Tel |  | |

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| Safeguarding Information  **Mandatory section –** we are unable to process the referral if this section is incomplete | | | **4** |
|  | Y or N | **Contact details of school DSL:**  Contact Details of Social  Worker:  Name:  Tel Number: | |
| LAC – In Foster Care |  |
| LAC – In a Children’s home |  |
| Post LAC – Special Guardianship |  |
| Post LAC – Residence Order |  |
| Post LAC - Adoption |  |
| Privately Fostered |  |
| CP Plan |  |
| CIN |  |
| EHT |  |  | |
| 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? |  |  | |

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| Other Agency Involvement – **Past or Present** (e.g. CAHMS, YOT, YISP) | | | **5** |
| Agency Name | Contact Name | Email / Tel | |
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| Do you believe there are concerns around the mental health of this child? | Y/N | | |
| 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 | | |

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| SEN Information – Tick one box only | | | | | | **6** |
| **SEN Code** | N - no SEN | K SEN support | | E EHCP | EHCP applied for | |
| If K, E or EHCP applied for please give a description of need:  Has an EHCP ever been applied for this pupil? Y/N  If Y please give date: | | | EHCP Co-Ordinator Name and Contact Details:  Last review date:  (Please attach a copy of the EHCP) | | | |

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| Most Recent Attainment | | | | | | | | | | **7** |
| Tracking Attainment Statements:  ***Beginning***–minimal elements of the previous band required for complete confidence.  ***Working Within***–up to 70% of the statements confidently achieved.  ***Secure***– Confidence in all of the criteria for the band. **[Age-related expectations]**  **Abr.** Beginning **(b)** beginning + **(b+)** working within **(w)** working within+ **(w+)** secure **(s)** secure+**(s+)** | | | | | | | | | | |
| English |  | Maths |  | | Science |  | ICT |  |  | |
| Reading |  |  | | | | | | | | |
| Writing |  |  | | | | | | | | |
| Last SAT results | | | | | | | | | | |
| English |  | Maths |  | |  | | | | | |
| Reading |  |  | | | | | | | | |
| Writing |  |  | | | | | | | | |
| Reading Age | |  | | |  | | | | | |
| Spelling Age | |  | | |  | | | | | |
| Academically able/talented | | | Y/N (please describe) | | | | | | | |
| Secondary only | | | | | | | | | | |
| Qualifications already attained | | | |  | | | | | | |
| Has a Boxall Profile been completed for this pupil? | | | | Y/N  If Y please give the reference Number: | | | | | | |

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| Medical Details | | **8** |
| Doctors Name |  | |
| Surgery |  | |
| Tel Number |  | |
| Known Medical Issues | Y / N Details: | |
| Medication | Y / N Details: | |

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| Additional Information | | | | | | | **9** |
| Ethnicity |  | | | | | | |
| Country of Birth |  | | | | | | |
| Nationality |  | | | | | | |
| EAL | Y / N | | | | | | |
| First Language |  | | | | | | |
| Proficiency in English | **A** (New to English) | | | **B** (Early Acquisition) | | **C** (Developing Competence) | |
| **D** (Competent) | | | **E** (Fluent) | | **N** (not yet assessed) | |
| Date of Permanent Exclusion | |  | | | | | |
| Percentage Attendance | |  | Date of Last Attendance | |  | | |
| Attendance Concerns? | |  | | | Fast Track Y / N | | |
| 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 |  | | | | | | |

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| Reason for Referral/Description of Key Issues | | | **10** |
| Reason for PEX/CME/KSX & main concerns |  | | |
| YP’s Strengths |  | | |
| YP’s Weaknesses |  | | |
| Areas of Concern | | Additional Details | |
| Behaviour in Lessons | |  | |
| Behaviour in Unstructured Times | |  | |
| Behaviour in the community | |  | |
| Behaviour at Home | |  | |
| Lack of Academic Progress | |  | |

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| Exclusions | | | | **11** |
| Number of Fixed Term Ex this Year |  | Total Days |  | |

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| Previous Interventions – Please indicate Y or N and forward any supporting documents with this referral | | **12** |
| IEP |  | |
| PSP/BSP |  | |
| Norfolk STEPS |  | |
| Ed Psych |  | |
| Positive handing plan |  | |
| Harmful Sexual Behaviour Team |  | |

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| Risk Assessment | | | 13 |
| Pupil: Name | |  | |
| Please indicate whether any of the following been a cause for concern in the past | Y/N Please indicate | Please give details  (continue on next page if necessary) | |
| 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: | | | |

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| For KSX Referrrals only | | **14** |
| Parent/carer in agreement with referral |  | |
| Parent/carer comment |  | |

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| Acknowledgement | | **15** |
| I hereby acknowledge that the information within this referral is complete and accurate at the time of writing and that parents/carers are aware that the referral is being made. | | |
| Signed |  | |
| Print Name |  | |
| Position |  | |
| Date |  | |