# REFERRAL FORM

**Private, Confidential and Without Prejudice**

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| --- | --- |
| Name of pupil: | Date of birth: |
| Class / Year: | Name of form tutor / head of year: |
| Home address: |  |
| Parent / guardian name: | Parent / guardian email address: |
| Parent / guardian contact number: |  |

If parents are not living together and/or you would like separate copies of reports to go to a named person at a different address, please enter the details here.

**Name of Person:**

**Relationship to Pupil:**

**Address:**

**Phone number:**

**Please indicate if parent / guardian are aware of this referral: YES NO**

|  |  |
| --- | --- |
| **Name of referring school & Local Authority:** | **Name of person referring:** |
| **Address of school (if applicable ):** | **Contact number of person referring:** |
|  | **Email address of person referring:** |

**Primary Reason for Referral:**

**Learning Behaviour Emotional Social Other:**

**Parent/s: What are your main concerns about your child in school?**

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**Teacher/s: What are your main concerns about this pupil?**

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**Pupil’s views about school/concerns:** Adult observations on how the pupil feels about school can be recorded here

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**Pupil’s Strengths, Interests**

*What does this pupil enjoy/ do well in? What are his/ her personal qualities?*

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**Expectations of Parents and Teachers:**

*With everyone working together, what things would you like to see improve for this pupil?*

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**Family/ Background Information:**

How many children in the family (including this pupil)?

What is the position (birth order) of the pupil in the family?

**Languages spoken in the home:**

What languages are spoken at home?

Do parent(s)/ guardian(s)/ pupil need the services of an interpreter?

If so, what language is required?

Is the pupil a Child Looked After: YES NO

Does the pupil have an EHCP (Education, Health & Care Plan) : YES NO. IN PROCESS

**Medical/ Health Information**

Has your child had or does he/she currently have?

Vision Problems: YES NO Hearing Problems: YES NO

*Details:*

Any medical condition or other diagnosis? YES NO

*Details:*

Were there any concerns about your child’s early development? YES NO

*Details:*

Has this pupil ever been assessed before by a psychologist? YES NO

If so, by whom and when?

**Involvement of other Services**

*Have other services been involved in assessing or supporting the pupil or family?*

*e.g. Primary Care psychology, child and adolescent mental health service, children’s disability network team, educational welfare, speech and language therapy, social work department*

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Dates  Attended | Name of  Professionals | Copy of Report  available/enclosed (please specify) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If there are reports available from any of these services/ professionals, please include copies of them with this form, with parental consent.

**Additional Information**

*Do you want to add any comments or concerns, or significant information, which has not been covered, e.g. situations/ family information/ events (such as bereavements) which may be helpful?*

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Please summarise any interventions received to date:

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**Information from School &Teachers**

Number of years that pupil has attended this school: \_\_\_\_\_\_\_\_\_\_\_\_

Previous schools attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Attendance:**

Any comments to add about attendance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If pupil is KS4: Please attach list of current GCSE subjects and predicted grades

**All sections of this form have been completed in discussion with the pupil’s parent(s)/ guardian(s) and they are familiar with all information held on the Student Support File.**

**Name of Person Completing the Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of referrer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**