

Referral Form for The King's Way

Please Note: Incomplete referral forms will delay placement



1. Commissioning School / Agency

Current School/Commissioner			
Named School/Commissioner Contact			
Tel. N°.		Email	

2. Student Details and Profile

Name		UPN N°.	
Date of Birth		Gender	
Current School Year		Ethnicity	
Contact Address			
Tel. N°.		Email	

Medical Needs *(please provide details)*

Medical	
Known Allergies	
Dietary Requirements	
Accessibility Issues <i>(physical and/or communication)</i>	

Parent(s) / Guardian(s) Information

Name(s)			
Tel. No.		Email	
Address			

Emergency Contact Details *(if different from above)*

Name(s)			
Relationship to student			
Tel. No.		Email	
Address			

Any additional information which may be relevant, including family background

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Does the student have a history of any of the following? (Delete where appropriate)

Self-harm or suicidal behaviour?	YES / NO / UNSURE
Violence/abusive behaviour towards other students?	YES / NO / UNSURE
Violence/abusive behaviour towards staff?	YES / NO / UNSURE
Violence/abusive behaviour towards animals?	YES / NO / UNSURE
Arson?	YES / NO / UNSURE
Absconding from school?	YES / NO / UNSURE
Convictions as a young offender?	YES / NO / UNSURE
Alcohol or drug misuse?	YES / NO / UNSURE

If any of the above applies, please provide details below:

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Please rate the student's skills in each of the following areas

	Excellent			Poor
Attendance	1	2	3	4
Time Keeping	1	2	3	4
Confidence	1	2	3	4
Interaction with other students	1	2	3	4
Interaction with Teachers	1	2	3	4
General behaviour	1	2	3	4
Attitude to home life and current situation	1	2	3	4
Parental Attitude to	1	2	3	4

Provide details of the student's interests and aspirations

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2. Education Profile**Student's prior attainment**

	Key Stage 2	Key Stage 3
Numeracy		
Literacy		
ICT		
Personal & Social Development		
If information is not available, please supply a teacher assessment		

GCSE Subjects and Predicted Grades

<i>Subjects for GCSE</i>	Working at grade	Attainment/predicted grades

Attendance Information

Current Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)	Date of last Attendance
EWO Involvement (If year, please provide contact details)		YES / NO	
Name		Tel. N°.	

Exclusion history over last 12 months			
Dates of exclusion		Length of exclusion (days)	Reason for exclusion
From	To		

Details of any previous secondary schools attended		
Name of Schools	Attended From	Attend To

3. SEND Profile

Please delete as applicable

School Action Y/ N School Action Plus Y/ N Statemented Y/ N

Is This Student Under: <i>(delete where applicable)</i>	
Social Worker	YES / NO
Child In Need (CIN)	YES / NO
Child Protection (CP)	YES / NO
Looked After Child (LAC)	YES / NO
Sibling on Child Protection	YES / NO
Other: Please state	
Please send any supporting documents at the time of referral.	

Please provide details of the student's:	
Primary Need	
Secondary Need	
Tertiary Need	
Individual Education Plan	YES / NO If yes. please send any supporting documents at the time of referral.
Does the student have a specific diagnosis? <i>(e.g. ADHD, ASD, Epilepsy, Dyslexia)</i>	YES / NO If yes. please send any supporting documents at the time of referral.

Does the student have an Education Health Care Plan?	YES / NO If yes. please send any supporting documents at the time of referral.
Does the student have a Risk Assessment in place?	YES / NO If yes. please send any supporting documents at the time of referral.

4. Social Profile

Is the student open to social care?	YES / NO If yes. please send any supporting documents at the time of referral.
Name	Tel. N°

Does the student have a Early Help Assessment (EHA)?	YES / NO If yes. please send any supporting documents at the time of referral.
Name:	Tel. N°.

Is there an active team around the child process?	YES / NO If yes. please send any supporting documents at the time of referral.
Name of Lead Professional:	Email

Known Issues	Support provided by School
Family Overview <i>(i.e. Position of child in relation to siblings, parental details etc.)</i>	

Other Agency Involvement				
	Current	Expired	Contact Name	Email
YOT				
Police				
MALT/CAMHs				
Catch 22				
Other <i>(please specify)</i>				

Does the student fall into a vulnerable group? <i>(Delete where appropriate)</i>	
Looked After	YES / NO / UNSURE
Pupil Premium	YES / NO / UNSURE
Child of asylum seeker	YES / NO / UNSURE
Young carer	YES / NO / UNSURE
Teenage parent	YES / NO / UNSURE
School refuser	YES / NO / UNSURE
Eligible for free school meals	YES / NO / UNSURE
Traveller child	YES / NO / UNSURE
If any of the above applies, please provide details below:	

5. Reason for Referral and Primary Objective(s)

Please provide specific reasons for the referral:

Please list any early warning signs/triggers:

How do you feel TKW can best support the student in the short term?

How do you feel TKW can best support the student in the long term?

Would this student benefit from any specific embedded therapeutic workshops to increase their emotional resilience, well-being and coping skills?

Yes / No / Unsure

If yes, please keep which of the following would be beneficial

Managing Stress
Managing Anxiety
Managing Depression
Developing Social Skills
Managing Anger

6. Provision Details

Preferred Day(s) <i>(please highlight)</i>	Monday	Tuesday	Wednesday	Thursday	Friday
Number of Hours and Times					

7. Billing Information

Who will be funding the placement? <i>(delete where appropriate)</i>	Local Borough School Other <i>(please specify)</i>
Contact details	Invoicing Contact Name: Invoicing Contact Job Role: Invoicing Contact Phone Number: Invoicing Email Address:

Should the Commissioner need any assistance in completing this referral form, please contact the Director of Education and Family Support:

Paula Knowles

- Phone- 01420 86980
- Email- plk@elkolet.com