# Referral Form for North Star ALP

**Please Note:** Incomplete referral forms will not be accepted

# Referring School

|  |  |
| --- | --- |
| **Current School** |  |
| **Named School Contact** |  |
| **Tel. No.** |  | **Email** |  |

1. **Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **UPN No.** |  |
| **Date of Birth** |  | **Gender** | Male / Female |
| **Current School Year** |  | **Ethnicity** |  |
| **Contact Address** |
| **Tel. No.** |  | **Email** |  |

**Medical Needs** *(please provide details)*

|  |  |
| --- | --- |
| **Medical** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Accessibility Issues** |  |

**Parent / Carer Information**

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **Tel. No.** |  | **Email** |  |
| **\*Consent** | Has parental consent been sought and given for this referral? | Yes consent must be agreed |

# Education Profile

**Student’s prior attainment**

|  |  |  |
| --- | --- | --- |
|  | **Key Stage 2** | **Key Stage 3** |
| **Numeracy/Maths** |  |  |
| **Literacy/English (Lit & Lang)** |  |  |
| **Science** |  |  |
| **ICT** |  |  |
| **SEAL/PSHE** |  |  |

If information is not available please supply a teacher assessment

**Attendance Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance****(%)** | **Authorised Absence****(%)** | **Unauthorised Absence****(%)** | **Date of last Attendance** | **Is the student expected to attend 5 days/week?** |
|  |  |  |  | YES / NO |
| **If no, please provide further details:** |  |
| **EWS Involvement** | YES / NO | If yes, please provide contact details |
| **Name** |  | **Tel. No.** |  |

**Exclusion history over last 12 months**

|  |  |  |
| --- | --- | --- |
| **Dates of exclusion** | **Length of exclusion (days)** | **Reason for exclusion** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Please provide details of any identified reasons for absence or barriers to attending school.**  |
|  |

**Details of any previous secondary schools attended**

|  |  |  |
| --- | --- | --- |
| **Name of Schools** | **From** | **To** |
|  |  |  |
|  |  |  |
|  |  |  |

# SEND Profile

Please tick all the boxes that apply to the student

|  |  |
| --- | --- |
| \* IEP |  |
| \* Support Plan |  |
| **\* EHCP** |  |

 \*attach with referral

**Please provide details of the student’s:**

|  |  |
| --- | --- |
| **Primary Need** |  |
| **Secondary Need** |  |
| **Tertiary Need** |  |

|  |  |
| --- | --- |
| **Does the student have a specific diagnosis?**(e.g. ADHD, ASD, Epilepsy, Dyslexia) | YES / NO If yes, please specify |
| **Does the student have a Risk Assessment in place?** | YES / NO | If yes, please attach |

# Social Profile

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the student open to social care?** | YES / NO |  |  |
|  | If yes, please provide contact details |
| **Contact Name** |  | **Tel. No** |  |
| **Email** |  |
|  |
| **Does the student****have an Early Help Assessment (EHP)** | YES / NO |  |  |
|  | If yes, please provide contact details |
| **Contact Name:** |  | **Tel. No** |  |
| **Email** |  |
|  |
| **Is there an active team around the student process?** | YES / NO |  |  |
|  | If yes, please provide contact details |
| **Name of Lead Professional:** |  |  **Tel. No** |  |
| **Email** |  |
|  |
| **Known Issues** | **Support provided by School** |
|  |  |
|  |  |
|  |  |
| **Family Overview**(i.e. Position of student in relation to siblings, parental details etc.) |  |

**Please note any relevant safeguarding concerns or ongoing support must be disclosed to the North star ALP DSL.**

**Other Agency Involvement (tick all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | **Expired** | **Contact Name** | **Email** |
| **YOT** |  |  |  |  |
| **FiF/Early Help** |  |  |  |  |
| **Social Care** |  |  |  |  |
| **IYSS** |  |  |  |  |
| **Police** |  |  |  |  |
| **CAMHs** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LPW** |  |  |  |  |
| **BDP** |  |  |  |  |
| **Oher** (state) |  |  |  |  |

# Current Status

|  |  |
| --- | --- |
| **Does the student fall in to a vulnerable group?** | YES / NO If yes, tick all that apply |

|  |  |  |  |
| --- | --- | --- | --- |
| **CiC/former CiC** |  | **Student of asylum seeker** |  |
| **Traveller student** |  | **Young carer** |  |
| **Teenage parent** |  | **Young offender** |  |
| **School refuser** |  | **Eligible for FSM** |  |
| **EAL** |  | **1st language/home language** |  |

# Reason for Referral

**Please provide specific reasons for the referral**

|  |
| --- |
|  |

# Student Profile

**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 engagement with school** | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| Please record any previous interventions undertaken | Impact |
|  |  |

|  |
| --- |
| Please provide expected outcomes for the placement at ALP |
|  |

|  |
| --- |
| Please provide details of the student’s interests and aspirations |
| **Provide details of the student’s interests and aspirations** |