**Referral Form**

**Please complete ALL sections of the form. If an item is not relevant then put N/A**

Failure to do this will delay the referral

**Please send to** referrals@ntc.education **when completed**.

**1. Referring School**

|  |  |
| --- | --- |
| **Current School** |  |
| **Address** |  |
| **Named School contact** |  |
| **School Safeguarding DSL** |  |
| **Tel. No** |  | **Email** |  |
| **LA No.** |  | **Establishment no.**  |  |
| **URN** |  | **Start date at AP** |  |

1. **Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **UPN**  |  |
| **ULN** |  | **UCI** |  |
| **Date of Birth** |  | **Gender** |  |
| **Current School Year** |  | **Ethnicity** |  |
| **Previous year’s attendance** |  | **Named school contact** |  |
| **Contact Address for student**

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **If carer, what is their relationship to the student?** |  |
| **Address** |  |
| **Tel. No.** |  | **Email** |  |

 |
| **Emergency contact details other than parent/carer****Name:** **Relationship:** |
| **Tel. No.** | Day |  | **Email** |  |
| Evening |  |

**Medical Information** *(please provide details)*

|  |  |
| --- | --- |
| **Medical** |  |
| **Medical(GP details)** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Entitled to free school meals?** |  |
| **Accessibility Issues** |  |

1. **Education Profile**

 **Student’s prior attainment**

**CATs scores**

**Mean:**  **Verbal:**  **Quantitative:**   **Non-verbal:**   **Spatial :**

**Reading age: Age on date of test taken:**

|  |  |  |
| --- | --- | --- |
|  | **Key** **Stage 3** | **Key****Stage 4** |
| **Maths/Numeracy**  **Level working at:** |  |  |
| **English/Literacy**  **Level working at:** |  |  |
| **Science Level working at:** |  |  |
| **Design & Technology****Level working at:** |  |  |

**Attendance Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance****(%)** | **Authorised Absence****(%)** | **Unauthorised Absence** **(%)** | **Date of last Attendance** | **Is the student expected to attend 5 days/week?** |
|  |  |  |  |  |
| **If no, please provide further details:** |  |
| **Attendance Officer Involvement** |  | 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Details of any previous secondary schools attended**

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

1. **SEND Profile**

Please select the boxes that apply to the student

|  |  |  |  |
| --- | --- | --- | --- |
| N |  No Special Educational Need  |  |   |
| A |  School Action or Early Years Action  |  |   |
| P |  School Action Plus or Early Years Action Plus  |  |   |
| S |  Statement  |  |   |
| Q |  School Action Plus and Statutory Assessment  |  |   |
| E |  Education Health and Care Plan  |  |   |
| K |  SEN Support  |  |   |

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

|  |  |
| --- | --- |
| **Primary Need** |  |
| **Secondary Need** |  |
| **Tertiary Need** |  |
| **IEP or School’s equivalent** | YES / NO | If yes please attach |
| **Does the student have a specific diagnosis?**(e.g. ADHD, ASD, Epilepsy, Dyslexia) | YES / NO |
| **Does the student have a Risk Assessment in place?** | YES / NO | If yes, please attach |

1. **Social Profile**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | **Expired** | **Contact Name** | **Email** |
| **YOT** |  |  |  |  |
| **Police** |  |  |  |  |
| **Malt/CAMHs** |  |  |  |  |
| **Connexions** |  |  |  |  |
| **Other** (state) |  |  |  |  |
| **Does the student have any outstanding offences (pending court cases) YES/NO** **If so, please provide further information here:** |

**Current Status**

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

**Looked after** 🞏 **Traveller child** 🞏 **Child of asylum seeker** 🞏

**Young carer** 🞏 **Teenage parent** 🞏 **School refuser** 🞏

**Young offender** 🞏 **Eligible for FSM** 🞏 **Pupil Premium** 🞏

1. **Reason for Referral**

|  |
| --- |
| **N.B. Please provide specific reasons for the referral** |
|  |

1. **Provision Details**

|  |  |
| --- | --- |
| **Type** (please select) | Full time / Part Time **Starting from Date:**  |
| **Preferred Day(s)** (please select) | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Requested Hours** |  |  |  |  |  |
| **Location** |  |

1. **Main Qualifications required**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

1. **Student Profile**

|  |
| --- |
|  **Students Strengths, Weaknesses, Opportunities to succeed and Threats to learning** |
| Strengths:Weaknesses: Opportunities:Threats: |

**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 school** | 1 | 2 | 3 | 4 |
|  |
| **Ethnic origin: please help us to monitor our equal opportunities policy by completing this section. You may tick more than one box if applicable** |
| Asian/Asian British - Bangladeshi |  | Mixed – White and Asian |  |
| Asian/Asian British - Indian |  | Mixed- White and Black African |  |
| Asian/Asian British - Pakistani |  | Mixed – White and Black Caribbean |  |
| Asian/Asian British – any other |  | Mixed – any other |  |
| Black/Black British - African |  | White – British  |  |
| Black/Black British - Caribbean |  | White - Irish |  |
| Black/Black British – any other |  | White – any other |  |
| Chinese |  | Traveller |  |
| European |  | Any other |  |

**STUDENT RISK ASSESMENT**



|  |
| --- |
| **Pupil Name**: **Date**:  |
| **Situation** | **Comment** | **Risk Level** |
| Home |  |  |
| Being transported |  |  |
| Education Venue |  |  |
| Lunch/breaks |  |  |
| Relationships to adults |  |  |
| Likelihood of illegal substances |  |  |
| Likelihood of self-harm |  |  |
| Likelihood of carrying weapon |  |  |
| Likelihood of risk to others |  |  |
| Self-Control |  |  |
| Relationship to Peers |  |  |
| Adaptability to new situations |  |  |
| Following Instructions |  |  |
| Handles Stress |  |  |
| Conflict Resolution |  |  |
| Acceptance of Correction |  |  |
| Accepts Responsibility for Actions |  |  |
| **Other Important Information** |
| **General Comments** |

**A full risk assessment should be included here, including handling policy and any strategies that are known to work or not work with this student. Details of the student’s interests and aspirations.**

**Please also attach a copy of the student’s OWN statement if one is available.**