The Heights Burnley Alternative provision **KS1** and **KS2** referral Form

All sections of this form **must** be completed before the application is processed.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral | | |  |
| **Details of Young Person** | | | | | | | |
| First Name (s) |  | | | | | | |
| Surname |  | | | | | | |
| Gender |  | | | | | | |
| Date of Birth |  | | Ethnicity | |  | | |
| First Language |  | | Religion | |  | | |
| UPN |  | | ULN | |  | | |
| Free school meals | Yes No | | Pupil premium | | Yes No | | |
| Full home address including postcode |  | | | | | | |
| Telephone number |  | | Mobile number | |  | | |
| Parental email address |  | | | | | | |
| **Emergency contact details** | | | | | | | |
|  | | 1st contact | 2nd Contact | | | 3rd Contact | |
| First name | |  |  | | |  | |
| Surname | |  |  | | |  | |
| Relationship to pupil | |  |  | | |  | |
| Telephone number | |  |  | | |  | |
| Address if different from above | |  |  | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referring school** | | | | | | | | | | | | | | | | | | | |
| Name of school | | |  | | | | | | | | | | | | | | | | |
| School contact | | | Safeguarding | | | | | SEND | | | | Attendance | | | Behaviour | | | | |
| Name | | |  | | | | |  | | | |  | | |  | | | | |
| Position | | |  | | | | |  | | | |  | | |  | | | | |
| Telephone number | | |  | | | | |  | | | |  | | |  | | | | |
| Email | | |  | | | | |  | | | |  | | |  | | | | |
| **Attendance** | | | | | | | | | | | | | | | | | | | |
| Current attendance | | | | | | | | | Exclusions | | | | | | | | | | |
| % Attendance | | |  | | | | | | Exclusions | | | | | | Yes No | | | | |
| % Authorised absence | | |  | | | | | | Number of days | | | | | |  | | | | |
| % Unauthorised absence | | |  | | | | | | Number of occasions | | | | | |  | | | | |
| Are there attendance concerns? | | | Yes No | | | | | | If yes please give details | | | | | |  | | | | |
| Are the absences parent or child related? | | |  | | | | | |
| Does the student currently have a part-time timetable | | | | | | | | | Yes No | | | | | | | | | | |
| Details of timetable: | | | | | | | | | | | | | | | | | | | |
| **Referral details** | | | | | | | | | | | | | | | | | | | |
| Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 | | | | | | | | | | | | | | | | | | | |
| What are the intended outcome of this placement? | | | | | | | | |  | | | | | | | | | | |
| Has the pupil attended another Alternative Provision? | | | | | | | | | Yes No | | | | | | | | | | |
| Details of alternative provision | | | | | | | | | | | | | | | | | | | |
| Has the pupil ever had a managed move? | | | | | | | | | Yes No | | | | | | | | | | |
| Details of managed move | | | | | | | | | | | | | | | | | | | |
| Reasons for referral (Please give details) | | | | | | | | | | | | | | | | | | | |
| Engagement in learning | | | | | | | | | | | | | | | | | | | |
| Behaviour | | | | | | | | | | | | | | | | | | | |
| Any other concerns | | | | | | | | | | | | | | | | | | | |
| Home situation | | | | | | | | | | | | | | | | | | | |
| Has the child experienced | | | | | | | | | | | | | | | | | | | |
| Bereavement  Yes No | | Loss  Yes No | | | | | Significant trauma  Yes No | | | | Family breakdown  Yes No | | | | | | | Adverse Childhood Experiences  Yes No | |
| If yes please give details | | If yes please give details | | | | | If yes please give details | | | | If yes please give details | | | | | | | If yes please give details | |
| **Academic Information** | | | | | | | | | | | | | | | | | | | |
| Did the pupil achieve GLD | | | | Yes No | | | | | | | | | | | | | | | |
| Did the pupil achieve an expected level of development or above at EYFS in: | | | | | | | | | | | | | | | | | | | |
| Personal Social and emotional development | | | | Yes No | | | | | Physical development | | | | | Yes No | | | | | |
| Communication and development | | | | Yes No | | | | | Literacy | | | | | Yes No | | | | | |
| Maths | | | | Yes No | | | | | Expressive art and design | | | | | Yes No | | | | | |
| Understanding the world | | | | Yes No | | | | |  | | | | |  | | | | | |
| Current Attainment (please provide an approximate age that the pupil is working at) | | | | | | | | | | | | | | | | | | | |
| Reading | | | |  | | | | | Writing | | | | |  | | | | | |
| Maths | | | |  | | | | | Spelling | | | | |  | | | | | |
| Book band | | | |  | | | | | | | | | | | | | | | |
| **SEND Information** | | | | | | | | | | | | | | | | | | | |
| Does the pupil have an EHCP?  If yes please attach | | | | Yes No | | | | | Date of next EHCP review | | | | |  | | | | | |
| Local Authority SENDO | | | |  | | | | | Details of funding | | | | |  | | | | | |
| Has the pupil seen an educational psychologist? If yes please attach report | | | | Yes No | | | | | Is the pupil waiting to see and educational psychologist? | | | | | Yes No | | | | | |
| Do the parents have any SEND concerns? (If yes please give details) | | | | Yes No | | | | | | | | | | | | | | | |
| Is the Local Authority disability team involved with the family? | | | | Yes No | | | | | Is the Complex needs team involved with the family? | | | | | | | Yes No | | | |
| Details of need | | | | | | | | | | | | | | | | | | | |
| ASC |  | | | | ADHD | | | |  | | | | Dyslexia | | | | | |  |
| Dyspraxia |  | | | | Dyscalculia | | | |  | | | | Speech and language | | | | | |  |
| Hearing impairment |  | | | | Visual Impairment | | | |  | | | | Physical needs | | | | | |  |
| Other (Please give details) | | | | | | | | | | | | | | | | | | | |
| **Safeguarding** | | | | | | | | | | | | | | | | | | | |
| **CLA/LAC/CIOC** | | | | | | | | | | | | | | | | | | | |
| Is the pupil currently CLA/LAC/CIOC? | | | | Yes No | | | | | Has the pupil ever been CLA/LAC/CIOC? (If yes please give details) | | | | | | | | Yes No | | |
| Name of Social Worker | | | |  | | | | | | | | | | | | |
| Telephone number | | | |  | | | | | Email address | | | | |  | | | | | |
| Name of IRO | | | |  | | | | | | | | | | | | | | | |
| Telephone number | | | |  | | | | | Email address | | | | |  | | | | | |
| Date of next CLA/LAC/CIOC review | | | |  | | | | | Date of next care planning | | | | |  | | | | | |
| Date of next PEP | | | |  | | | | | | | | | | | | | | | |
| **Child Protection** | | | | | | | | | | | | | | | | | | | |
| Is the pupil currently subject to a child protection plan? | | | | Yes No | | | | | Has the pupil ever been subject to a child protection plan? (If yes please give details) | | | | | | | | Yes No | | |
| Name of Social Worker | | | |  | | | | | | | | | | | | |
| Telephone number | | | |  | | | | | Email address | | | | | | | |  | | |
| Name of IRO | | | |  | | | | | | | | | | | | | | | |
| Telephone call | | | |  | | | | | Email address | | | | | | | |  | | |
| Date of next core group | | | |  | | | | | Date of next RCPC | | | | | | | |  | | |
| **Child in need** | | | | | | | | | | | | | | | | | | | |
| Is the pupil currently subject to a child in need plan? | | | | Yes No | | | | | Has the pupil ever been subject to a child in need plan? (If yes please give details) | | | | | | | | Yes No | | |
| Name of allocated worker | | | |  | | | | | | | | | | | | |
| Telephone number | | | |  | | | | | Email address | | | | | | | |  | | |
| Date of Child in need meeting | | | |  | | | | | | | | | | | | | | | |
| **CAF** | | | | | | | | | | | | | | | | | | | |
| Is the pupil currently subject to a CAF? | | | | Yes No | | | | | Has the pupil ever been subject to a CAF? (If yes please give details) | | | | | | | | Yes No | | |
| Lead professional | | | |  | | | | | | | | | | | | |
| Telephone number | | | |  | | | | | Email address | | | | | | | |  | | |
| CAF number | | | |  | | | | | Date of next TAF meeting | | | | | | | |  | | |
| **Other Agencies Involved** | | | | | | | | | | | | | | | | | | | |
| Agency | | | | **X** | | Date of involvement | | | | Name and contact details | | | | | | | | | |
| ELCAS/CAMHS | | | |  | |  | | | |  | | | | | | | | | |
| Clinical psychology | | | |  | |  | | | |  | | | | | | | | | |
| ENGAGE/DETER | | | |  | |  | | | |  | | | | | | | | | |
| YOT | | | |  | |  | | | |  | | | | | | | | | |
| Police Early Action Team | | | |  | |  | | | |  | | | | | | | | | |
| Child and Family wellbeing service | | | |  | |  | | | |  | | | | | | | | | |
| Prevent | | | |  | |  | | | |  | | | | | | | | | |
| Lifeline | | | |  | |  | | | |  | | | | | | | | | |
| Young Carers | | | |  | |  | | | |  | | | | | | | | | |
| Drug and alcohol services | | | |  | |  | | | |  | | | | | | | | | |
| Violence reduction team | | | |  | |  | | | |  | | | | | | | | | |
| Domestic abuse services | | | |  | |  | | | |  | | | | | | | | | |
| Other | | | |  | |  | | | |  | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | | | | |
| Does the Pupil currently have any diagnosed medical conditions? | | | | | | | | | Yes No | | | | | | | | | | |
| If yes please give details | | | | | | | | | | | | | | | | | | | |
| Is the Pupil currently under investigation for any medical conditions? | | | | | | | | | Yes No | | | | | | | | | | |
| If yes please give details | | | | | | | | | | | | | | | | | | | |
| Does the pupil currently take any medication? | | | | Yes No | | | | | Does the pupil need to take any medication during school hours? (This includes inhalers) | | | | | | | Yes No | | | |
| If yes please give details | | | | | | | | | | | | | | | | | | | |
| Does the pupil have any allergies | | | | Yes No | | | | | Does the pupil carry an epi pen? | | | | | | | Yes No | | | |
| If yes please give details | | | | | | | | | | | | | | | | | | | |
| Is pupil seeing a consultant/paediatrician? | | | | | | | | | Yes No | | | | | | | | | | |
| Full name | | | |  | | | | | Specialism | | | | | | |  | | | |
| Telephone number | | | |  | | | | | Email address | | | | | | |  | | | |
| Is the Pupil currently seeing the school nurse? | | | | Yes No | | | | | Has the pupil worked with the school nurse in the past? | | | | | | | Yes No | | | |
| Name of School Nurse | | | |  | | | | | | | | | | | | | | | |
| Telephone number | | | |  | | | | | Email address | | | | | | |  | | | |
| Is the pupil seeing any other medical professional e.g. physiotherapy, podiatry, Speech and language etc. | | | | | | | | | Yes No | | | | | | | | | | |
| If yes please give details | | | | | | | | | | | | | | | | | | | |
| **Pupil and family Voice** | | | | | | | | | | | | | | | | | | | |
| What would you like us to know about you? Include hobbies, interests, friends etc. | | | | | | | | |  | | | | | | | | | | |
| Does the pupil know about the referral? | | | | Yes No | | | | | Does the pupil agree with the referral? | | | | | | | Yes No | | | |
| Do the parents/carers agree with the referral? | | | | | | | | | Yes No | | | | | | | | | | |
| **Additional documentation checklist** | | | | | | | | | | | | | | | | | | | |
| * Copy of attendance record * Exclusion record with reasons * Boxall profile * ACEs questionnaire * Strengths and difficulties questionnaire * Copy of EHCP * Copy of any SEND documentation * Copy of Educational Psychologist reports * Copy of any medical reports * Copy of any education support reports e.g. specialist teacher report * Copy of CAF * Copy of most recent safeguarding meeting minutes * Copy of any risk assessments in place | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| Provider | The Heights Burnley |
| Referring School |  |
| SIGNED: Susannah Berry  Head teacher  The Heights, Burnley | Susannah Berry |
| SIGNED  Name  Position |  |
| DATE |  |







