



The Heights Burnley Alternative provision KS3 and KS4 referral Form

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

Date of referral	
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Details of Young Person

First Name (s)			
Surname			
Gender			
Date of Birth		Ethnicity	
First Language		Religion	
UPN		ULN	
UCI Number			
Free school meals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pupil premium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full home address including postcode			
Telephone number		Mobile number	
Parental email address			

Emergency contact details

	1 st contact	2 nd Contact	3 rd Contact
First name			
Surname			
Relationship to pupil			
Telephone number			
Address if different from above			



Referring school				
Name of school				
School contact	Safeguarding	SEND	Attendance	Behaviour
Name				
Position				
Telephone number				
Email				
Attendance				
Current attendance		Exclusions		
% Attendance		Exclusions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
% Authorised absence		Number of days		
% Unauthorised absence		Number of occasions		
Are there attendance concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please give details	
Are the absences parent or child related?				
Does the student currently have a part-time timetable	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Details of timetable:				
Referral details				
<input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11				
What are the intended outcome of this placement?				
Has the pupil attended another Alternative Provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Details of alternative provision				

Has the pupil ever had a managed move?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Loss <input type="checkbox"/> Yes <input type="checkbox"/> No	Significant trauma <input type="checkbox"/> Yes <input type="checkbox"/> No	Family breakdown <input type="checkbox"/> Yes <input type="checkbox"/> No	Adverse Childhood Experiences <input type="checkbox"/> Yes <input type="checkbox"/> 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
Travel arrangements				
How will the Pupil travel to school?				
School transport				



Mode of transport			
Morning drop off time		Afternoon pick up time	
Taxi provided by school			
Name of Taxi firm		Contact number	
Morning drop off time		Afternoon pick up time	
Other			
Please provide details of any other travel arrangements that you are aware of:			
Academic Information			
Did the pupil achieve GLD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Attainment at the end of Key Stage 2			
Reading		Writing	
Maths		Spelling	
Attainment at the end of Key Stage 3			
Reading		Writing	
Maths		Spellings	
Science			
Current Attainment (please provide an approximate age that the pupil is working at)			
Reading		Writing	
Maths		Spelling	
Science			
Details of any Examination entries			
Careers			
Please give details of any careers input that the Pupil has had			

SEND Information					
Does the pupil have an EHCP? If yes please attach	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of next EHCP review		
Local Authority SENDO			Details of funding		
Has the pupil seen an educational psychologist? If yes please attach report	<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the pupil waiting to see and educational psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the parents have any SEND concerns? (If yes please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the Local Authority disability team involved with the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the Complex needs team involved with the family?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Has the pupil ever been CLA/LAC/CIOC? (If yes please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the pupil ever been subject to a child protection plan? (If yes please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the pupil ever been subject to a child in need plan? (If yes please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of allocated worker			
Telephone number		Email address	
Date of Child in need meeting			
CAF			
Is the pupil currently subject to a CAF?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the pupil ever been subject to a CAF? (If yes please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please give details			
Is the Pupil currently under investigation for any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please give details			
Does the pupil currently take any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the pupil need to take any medication during school hours? (This includes inhalers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please give details			
Does the pupil have any allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the pupil carry an epi pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please give details			
Is pupil seeing a consultant/paediatrician?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Full name		Specialism	
Telephone number		Email address	



Is the Pupil currently seeing the school nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the pupil worked with the school nurse in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the pupil agree with the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the parents/carers agree with the referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional documentation checklist			
<input type="checkbox"/> Copy of attendance record <input type="checkbox"/> Exclusion record with reasons <input type="checkbox"/> Boxall profile <input type="checkbox"/> ACEs questionnaire <input type="checkbox"/> Strengths and difficulties questionnaire <input type="checkbox"/> Copy of EHCP <input type="checkbox"/> Copy of any SEND documentation <input type="checkbox"/> 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

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

Section I DEVELOPMENTAL STRANDS

Enter scores for Section I items in the appropriate column of Section I histogram

Score each item in turn according to the key:

- 4 Yes, or usually
- 3 Often
- 2 To some extent
- 1 Not really, or virtually never
- 0 Does not arise, not relevant, or cannot be assessed

		Score	column
1	Listens with interest when an adult explains something to the group		A
2	Takes appropriate care of something s/he has made or work s/he has done <i>(investment of feeling in his/her achievement is implied along with self esteem)</i>		F
3	Appreciates a joke or is amused by an incongruous statement or situation <i>(disregard lack of appreciation of a joke which is at his/her expense or amusement that is clearly inappropriate)</i>		D
4	Is able to bring to a close an enjoyable activity when the adult, with adequate warning, makes a general request to the group <i>(score 2 if a personal and specific request is needed)</i>		G
5	Makes and accepts normal physical contact with others <i>(e.g. in drama, dance, PE, group games)</i>		H
6	Makes appropriate and purposeful use of the materials/equipment provided by the adult without the need for continuing direct support <i>(disregard repetitive activity which does not progress)</i>		A
7	Maintains acceptable behaviour and functions adequately when the routine of the day is disturbed <i>(e.g. unexpected visitors, supply teacher)</i>		H
8	Makes an appropriate verbal request to another young person who is in his/her way or has something s/he needs		H
9	Complies with specific verbal prohibitions on his/her personal use of equipment <i>(score 2 if s/he complies but often protests or sulks)</i>		G
10	Abides by the rules of an organised group activity. Interacts, co-operates and continues to take part for the full duration of the activity <i>(e.g. during PE, drama, Circle Time or a group game)</i>		J
11	Accommodating to other young people when they show friendly and constructive interest in joining his/her activity of group		H
12	Listens, attends and does what is required when the adult addresses a simple positive request specifically to him/her <i>(e.g. to get out his/her book, clear away)</i>		A
13	Works alongside another young person who is independently occupied, without interfering or causing disturbance		G
14	Shows awareness of happenings in the natural world, is interested, curious, and genuinely seeks explanations		B
15	Of his/her own accord, returns to and completes a satisfying activity that has been interrupted <i>(e.g. finishes a painting or carries on with a project later in the day or the following day)</i>		C
16	Is adequately competent and self-reliant in managing basic personal needs <i>(e.g. hygiene issues, changing for PE)</i>		A

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Section II

DIAGNOSTIC PROFILE

Enter scores for Section II items in the appropriate column of Section II histogram

Score each item in turn according to the key:

- 4 Like this to a marked extent
- 3 Like this often
- 2 Like this to some extent
- 1 Only slightly or occasionally like this
- 0 Not like this, not applicable or not observed

		Score	column
1	Abnormal eye contact and gaze		V
2	Avoids, rejects or becomes upset when faced with a new and unfamiliar task, or a difficult or competitive situation		R
3	Variable in mood; sometimes seeks and responds to positive interactions with an adult, at other times rejects or avoids		W
4	Oblivious of people and events; doesn't relate; is 'out of contact and can't be reached'		Q
5	Uncontrolled and unpredictable emotional outburst or eruptions that release and relieve pent-up and endured anger or distress		X
6	Inappropriate noises, remarks or behaviours that appear unrelated to the current situation		T
7	Erupts into temper, rage or violence when thwarted, frustrated, criticised or touched; the 'trigger' is immediate and specific		Y
8	Relates and responds to adults in an immature way <i>(i.e. as a young child would; immature language, behaviour, interests)</i>		S
9	Always has to be first, must be the best. Demands the most attention or immediate attention		Z
10	Adopts stratagems to gain and maintain close physical contact with the adult		U
11	Lacks trust in the adults' intentions and is wary of what they might do; avoids contact, and readily shows fear		V
12	Self-conscious and easily rebuffed. Hypersensitive to disapproval or the regard in which s/he is held by others		R
13	Contrary in behaviour; sometimes helpful, co-operative and compliant yet at other times stubborn, obstinate and resistive		W
14	Repetitively pursues a limited task which does not progress		Q
15	Spoils, destroys, or otherwise negates the achievement or success s/he has worked for and values		X
16	Gives uninhibited expression to boisterous and noisy behaviour; is not influenced by normal social constraints and expectations		T
17	Reacts defensively even when there is no real threat; is evasive, blames others, finds excuses or denies		Y
18	Over-reacts to warmth, attention or praise and responds inappropriately		S
19	Desperately craves affection, approval and reassurance, but questions the sincerity of the regard shown; seeks it repeatedly but remains insecure		U

SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II

20	Has difficulty waiting; will push in, grab or take without consent	Z
21	Functions and relates to others minimally, and resists or erupts when attempts are made to engage him/her further	V
22	Self-disparaging and self-demeaning (e.g. "I can't do this", "I'm rubbish at this")	R
23	Attention-seeking in a bid for recognition or admiration	W
24	Disparaging attitude towards other young people; is critical and contemptuous	Y
25	Listless and aimless; lacks motivation and functions only with direct and continuing support or pressure	Q
26	Sulks when disapproval is shown, when attention is withdrawn or when thwarted	X
27	Shows fleeting interest and has limited concentration	T
28	Remembers a real or imagined offence, bears a grudge and determinedly takes his/her revenge	Y
29	Possessive of personal objects and resists having them taken away	S
30	Sullen, resentful, and negative in general attitude and mood	V
31	Can't tolerate even a slight imperfection in his/her work and is upset or angry if s/he can't put it right	W
32	Feels persecuted; believes that others are against him/her, and complains of being 'got at' and left out	X
33	Restless and erratic behaviour that lacks direction	T
34	Determinedly dominates or persecutes by bullying, intimidation and the use of force	Y

Any additional comments to amend or extend the information provided by the Profile?