



SOLIHULL
ALTERNATIVE PROVISION
MULTI ACADEMY TRUST

Referral Form

Please ensure that you attach any and all DIAGNOSIS PAPERWORK, Attendance, Behaviour, Inclusion and most recent Progress reports
(Please note, full and supporting information MUST be in place before we are able to progress with the referral)

Provision you're referring to:

Reason for referral to above provision

Section 1 – Pupil Details	
Pupil's Name:	Male/Female:
DOB:	Year Group:

Address:	
1.Name of Parent/Carer:	Tel Number: Mobile:
2.Name of Parent/Carer:	Tel Number: Mobile:
Siblings:	Interpreter needed: Yes ☐ No ☐
	Home Language:
Ethnicity:	UPN:
Religion:	ULC:
Pupil Premium: Yes ☐ No ☐ FSM: Yes ☐ No ☐	
Medical Needs: Does the Young Person have any of the following that we need to be aware of- Asthma: Yes ☐ No ☐ Allergies: Yes ☐ No ☐ Epilepsy: Yes ☐ No ☐	
Have Parent(s)/Carer(s) been made aware of this referral? Yes ☐ No ☐ If yes, do they understand and support the referral? Yes ☐ No ☐ Has the Young Person been made aware of this referral? Yes ☐ No ☐ Do you require a visit from SA staff to convince Parent/carers or pupil? Yes ☐ No ☐	
Has a formal referral application been made to Fair Access Panel ? Yes ☐ No ☐ If so, when? _____	
Parent(s)/Carers signature: _____ Date: _____ Young Persons signature: _____ Date: _____	

Section 2- SEN Information

Is the pupil on the SEN Register? Yes ☐ No ☐

Please rank areas(s) of need: *(Primary, secondary etc....)*

Cognition and Learning		Communication and Interaction		Social, Emotional and Mental Health		Physical/Sensory/ Medical	
Moderate learning difficulties		Speech & language difficulties		Emotional dysregulation		Physical difficulties	
Specific learning difficulties		ASD / PDA		ODD / ADHD		Hearing / visual Impairment	
Severe learning difficulties		Sensory & social communication difficulties		Other: E.g. Trauma or Attachment		Medical difficulties:	

Is the pupil under statutory assessment for an EHCP?

Date started:

Does the pupil have a final EHCP date issued?

Date issued:

Does the pupil have an ASD Needs Based Plan?
(please attach if so)

Date issued:

ASD Tier Number: 1 / 2 / 3 / 4 / NA

PLEASE LIST ANY SEN DIAGNOSES:

(Please ensure you attach any relevant SEN paperwork, diagnoses, etc.)

Do you consider this child to have any other needs not described on this paperwork or formally assessed as SEND? Yes ☐ No ☐

(If yes, please give details)

Section 3- Attendance and Behaviour

Currently attending? Yes ☐ No ☐

If NO, last date Attended:

Overall Attendance

Please include:

- *Any details of difficulties*
- *Details of long absence with reasons*
- *Details of intervention, prosecution & enforcement*

Behaviour (including any isolation, internal exclusion and fixed term exclusion information)

Current Curriculum Arrangements (please also include details of any alternative/part time/offsite education that is in place)

Section 4- Academic Information

KS1/KS2:

KS3/KS4:

Key Contact:

Key Contact:

Email:

Email:

Tel:

Tel:

End of KS2 Results

Reading age

English

Maths

Science

End of KS3 Results (if applicable)

Reading age

English

Maths

Science

Please comment in which subjects and / or activities the pupil has shown a positive interest or achievement?

Section 4 - Agency involvement (Contact names and numbers, past and present)

Agency

Contact Name

Telephone

All Age Exploitation/ CSE

Engage

Family Support Worker

Speech and Language Therapy

Educational Psychology Service

Police

Youth Offending Team (YOT)

School Nurse

Sensory Support

SISS Team		
ASD Support		
SENDIAS		
SOLAR/CAMHS		
Social Work Support		
START		
Dyslexia Support		
In School Counsellor		
Other		

Previous Social Care Involvement: Yes ☐ No ☐

Early Help Assessment Initiated: Yes ☐ No ☐ **Lead Practitioner:**

Telephone: **Organisation:**

PLEASE ATTACH RECORDS OF ANY AND ALL TEAM AROUND THE CHILD MEETINGS

Relevant Personal or Home Circumstances (Parental involvement, family structure, LACES/Foster Care/Children's Home, Child Protection, recent bereavement; sensitive information should not be shared at this stage unless it is essential for the panel to know)

Does the child have/ever had a parent in prison? Please give details as appropriate.

Has the child ever been previously looked after: Yes ☐ No ☐ If yes, please give details.

Additional Information (Detailed picture of pupil, including positive attributes, any medical diagnosis, concerning behaviour with parties outside school, impact on peer group, interests and hobbies, membership of groups/clubs)

Gang Related Issues: Yes ☐ No ☐

Are there any safeguarding or CP issues? Yes ☐ No ☐

If yes, please ensure that details and information are provided as appropriate.

Section 5 - Risk Assessment and Safeguarding questionnaire

		0	1	2	3	4	5
0 = Unlikely	Theft						
	Truancy						
1 = Improbable	Absconding						
	Substance Misuse						
2 = Small Possibility	Alcohol Misuse						
	Damage to Property						
3 = Possible	Arson						
	Weapon related incident						
4 = Probable	Physical aggression towards peers						
	Physical aggression towards adults						
5 = Certain	Verbal aggression towards peers						
	Verbal aggression towards adults						
	Threatening behaviour towards peers						
	Threatening behaviour towards staff						
	Bullying peers						
	On-line/Social Media issues						
	Persistent defiance						
	Persistent refusal to follow instructions						
	Sexual inappropriate behaviour towards others						
	Dangerous behaviour in the environment						
	Confidential child protection – information available on request						

Safeguarding Questionnaire				
Does the child appear to be?	Yes	No	Not sure	Evidence/Comments
Healthy?	☐	☐	☐	
Safe from Harm?	☐	☐	☐	
Learning and Developing?	☐	☐	☐	
Free from crime or antisocial behaviour?	☐	☐	☐	
Free from the Impact of Poverty or worklessness?	☐	☐	☐	
Benefit type: N/A ☐				
If you answered "no", what additional services are needed for the child or young person or their parent(s), carer(s) or family? — Please note if the family speak a community language and an interpreter is required.				
Suggested interventions:		Suggested Agencies: ☐ ENGAGE ☐ Job Support ☐ Mental Health ☐ Citizen's Advice ☐ Early Support Service ☐ Other ☐ Other ☐ Education ☐ Health ☐ SOLAR ☐ Housing ☐ Criminal Justice ☐ School Support ☐ OTHER		
Risk assessment and safeguarding questionnaire completed by; Name: Title: Date:				

Key Contact Person for the pupil:

Email:

Telephone Number:

Section 6- Supporting Information

Please ensure that you provide the following supporting information to us in addition to the completed referral form. Please use the tick list to double check that you have included the information as requested. **If you do not supply the information requested this will delay the admissions process.**

Supporting Evidence Required	Evidence Supplied	
	YES	NO
EHCP (if applicable)		
SEND Support Provision Plan (if applicable)		
Evidence of formal medical diagnosis (copies of appointment letters if the pupil is awaiting an appointment/assessment)		
Copies/summary of any school support plans		
Reports and summary of ongoing involvement from health/mental health services.		
Evidence of involvement from other professionals e.g. Educational Psychologist, Communication and Autism team (if applicable), family support, school nursing service.		
Most recent school report		
Attendance report for the academic year		
12 months behaviour logs		
Details/ minutes of all team around the child meetings		
Any other information you feel is relevant to the referral Please list here:		