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| REFERRAL FORM FOR BESPOKE COMMISSIONED WORK |
|  |
| OCTOBER 2018    COMPANY NAME |

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| Please indicate (x) below the provision you are referring to:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Frequency and Duration of support requested | | | | | | | | | Daily |  | Weekly |  | Half Term |  | Full Term |  |  |  |  |  |  | | --- | --- | --- | --- | | Provision Support | | | | | Subject Specific Learning |  | Technical Learning |  | | Social and Emotional Support |  | Transition Support |  | | Please indicate areas of interest below:  Eg. Sport and Leisure, Art, Drama, Music, Dance, Mechanics, Construction, Hair and Beauty, Child Development, Outdoor Learning. or others if known: | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Turnaround Support | | | | | | | | | Consultancy |  | 1:1 Tuition/Mentoring |  | Group Work |  | Preferred number of hours: |  | | Other (please specify below): | | | | | | | |  |  |  | | --- | --- | | Pupil Details | | | Name: | DOB: | | Year Group: | UPN: | | Gender: | Ethnic Origin: | | First language: | PPG: Yes/No FSM: Yes/No | | Child Protection Status: | CIC: Yes/No | | Sen status: | Primary Need: | | Any CAMHS diagnosis: | Medication for diagnosis: | | Other medical details, diagnosis or disabilities: | | | Specific dietary requirements: | |  |  |  | | --- | --- | | Parent/Carer Details | | | Name: | Address: | | Contact number: | | Email: |  |  |  | | --- | --- | | School Details | | | School: | Contact number: | | Key contact:  Role:  Email: | School Designated Safeguarding Lead:  Role:  Email: |   \* Please note, this is to whom the invoice will be sent to unless otherwise indicated. \*   |  | | --- | | Transport Requirements | | Please note that in some instances, transport may be required. Any transport requirements will be recharged separately.  It is the responsibility of the referring school to ensure that the child/young person being referred has adequate transport arrangements in place. |  |  |  |  | | --- | --- | --- | | School History | | | | Previous Schools | From | To | |  |  |  | | Current attendance this term: % | Current year’s attendance: % | Last year’s attendance: % | | Previous exclusions (dates/reasons): | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Current Provision (please indicate by highlighting below the most recent provision) | | | | | | | | | Attending full time | | Attending part time | Fully in class | | Partially in class | Not in class | Full time 1:1 support | | Partial 1:1 support | | Able to access small group | Able to access lunch | | Able to access break | Able to access assembly | Able to access clubs/trips/ activities | | Other and or if necessary, please be specific about the above (eg in school nurture group or offsite provision): | | | | | | | | | Learning Information | | | | | | | | | Subject | Current levels/grades | | | Attitude to subject | | | | | Reading  (KS1/2) |  | | |  | | | | | Writing  (KS1/2) |  | | |  | | | | | Maths |  | | |  | | | | | English |  | | |  | | | | | Science |  | | |  | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Emotional and Behavioural Development Scores  (from QCA Emotional and Behavioural Development Criteria) | | | | | | | Not at all  1 | Rarely  2 | Sometimes  3 | Fairly often  4 | Often  5 | Always  6 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Score 1-6 |  | Score 1-6 |  | Score 1-6 | | LEARNING BEHAVIOUR |  | CONDUCT BEHAVIOUR |  | EMOTIONAL BEHAVIOUR |  | | 1. Is attentive and has an interest in school work |  | 6. Behaves respectfully towards staff |  | 11. Has empathy |  | | 2. Good learning organisation |  | 7. Shows respect to other pupils |  | 12. Is socially aware |  | | 3. Is an effective communicator |  | 8. Only interrupts and seeks attention appropriately |  | 13. Is happy |  | | 4. Works efficiently in a group |  | 9. Is physically peaceable |  | 14. Is confident |  | | 5. Seeks help where necessary |  | 10. Respects property |  | 15. Is emotionally stable and shows self-control |  | | Total |  | Total |  | Total |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Interventions | | | | | | | Intervention | Please  tick | Start date: | End date: | Contact person and phone/email | Any comments and or indicate level of success | | Literacy/Numeracy intervention |  |  |  |  |  | | On-site inclusion unit |  |  |  |  |  | | Risk Assessments |  |  |  |  |  | | PSP |  |  |  |  |  | | FNM/CIN |  |  |  |  |  | | Group work |  |  |  |  |  | | Therapy/ Counselling |  |  |  |  |  | | CAMHS |  |  |  |  |  | | Educational Psychologist |  |  |  |  |  | | Family–School link worker |  |  |  |  |  | | EWO |  |  |  |  |  | | Speech and Language Therapy |  |  |  |  |  | | YOS |  |  |  |  |  | | Pending referrals, please specify |  |  |  |  |  | | Any other, please specify |  |  |  |  |  |  |  | | --- | | Areas of Concern | | Typicality or patterns of behaviour causing a concern: | | Indicate relevant background and or home situation: | | Indicate any adjustments currently in place: | | Indicate which interventions/strategies/adjustments have been successful? | | Indicate which interventions/strategies/adjustments have been unsuccessful? | | Indicate areas of success, strengths and likes? |   Once your pupil is receiving Raedwald Trust support they must be marked on their home school register as “B” for the sessions they are being taught by Raedwald Trust. Further information can be found in our admissions policy.   |  | | --- | | Please indicate below your future plans for the referred student: |  |  | | --- | | Be aware by signing or electronically signing below you agree to the referral and the cost of any provision agreed. A representative from your school will be required to attend a bi-weekly review meeting of progress for each child referred.  If you are a maintained school and you know the cost of provision, please insert a purchase order number below: |   Please check the information you have supplied is accurate.  If sending electronically please insert the name of senior staff who agreed to referral and date agreed.  Signed:   Head Teacher Date:  If sending electronically please insert the name of parent/carer who agreed to referral and the date agreed.  Signed:    Parent(s) / Carer(s) Date:  The following documents must be submitted with this form:   |  | | --- | |  |   Medical evidence (Consultant or Paediatrician letter)   |  | | --- | |  |   Risk assessment   |  | | --- | |  |   Attendance summary   |  | | --- | |  |   Most recent school report  Data Protection Statement:  The personal information you provide on this application will be used by Raedwald Trust for the purpose of arranging bespoke packages and will be shared with allocated teachers. Some of this information, such as health details are defined as “sensitive” under GDPR and by signing this application form you are consenting to our processing this for the purposes described in our policy. |