
REFERRAL FORM FOR COMMISSIONED SERVICES



RÆDWALD
T · R · U · S · T

JANUARY 2020

Please indicate (x) below the provision you are referring to:

Outreach/In-Centre Package Request:					
1:1 Outreach		KS3/KS4 Refocus Project/Resilience Project (please specify)		In-Centre (dual placement or fulltime)	

Other Package Request:					
Consultation		CPD/training (please specify)		Other	

Pupil 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:			

For 1:1 Outreach and In-Centre package request: (Outreach & in-centre packages must be commissioned for a minimum period of one term)	
Preferred number of half/full days per week: (Please specify half or full days)	

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
<p>Please note that in some instances, transport may be required. Any transport requirements will be recharged separately.</p> <p>It is the responsibility of the referring school to ensure that the child/young person being referred has adequate transport arrangements in place.</p>

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	
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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?

Please indicate below your future plans for the referred student:

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.

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/carers 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.