**Please send completed referral forms (along with supporting documentation) as an encrypted email to:** **referrals@raedwaldtrust.org**

**Incomplete referrals will not be accepted and will be returned to the sender.**

**Parent/carer/social worker signatures must be obtained prior to submitting the referral to Raedwald Trust.**

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| **Raedwald Trust Traded Services – Provision required:****For further details on traded service pupil provision and curriculum:** [**https://www.raedwaldtrust.com/traded-services/traded-services-curriculum/**](https://www.raedwaldtrust.com/traded-services/traded-services-curriculum/) |
| **Provision:** | **Yes/No – delete as necessary** | **Number of sessions per week (1 session = 2hrs – max of 14 hrs per week) for a minimum of one term:** |
| 1:1 - Package 1 | ​​ Yes/No – delete as necessary |  |
| 1:1 - Package 2 | ​​ Yes/No – delete as necessary |  |
| KS4 Resilience Group – Package 3 | ​​ Yes/No – delete as necessary | 3 days a week @ 15 hrs (fixed) - **NOT CURRENTLY AVAILABLE IN ESSEX** |

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| **Suffolk / Essex Virtual School Referrals:** |
| **Is this a pre-funded Suffolk Virtual School / Essex Virtual School referral?** | ​​ Yes/No – delete as necessary |
| **If yes, name of SVS / EVS lead:** | Name:Email:County: Suffolk / Essex – delete as necessary |

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| **Part 1: Pupil Details, Education Background & Assessment Data**  |

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| **Pupil details:** |
| **Surname**  |  | **Forename(s)** |  |
| **Date of birth** |  | **Year Group** |  | **UPN** |  |
| **Gender** |  |
| **School** |  |
| **Address (where currently living)** |  |
| **Postcode** |  | **Home tel no.** |  |
| **Home language 1** |  | **Nationality** |  |
| **Home language 2** |  | **Ethnicity** |  |

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| **Reason for Referral – referrer to give brief outline of reasons for referral and what the desired outcome is should support be offered:** |
| ​​​ |
| **Current school provision outline – E.g., is the pupil in school full time? If not, what is the part time timetable and its rationale? Is the pupil taught in class with peers or separately? Is 1:1 in place and if so, for what proportion of the timetable? Is the pupil currently accessing any third part provision as part of their offer? If so, why?** |
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|  **SEND stage:** |
| **SEND Support** | **​​​N / K or E** |
| **Education Health Care (EHC) Needs Assessment requested** | **​​** |
| **Education Health Care (EHC) Needs Assessment started** | **​​** |
| **Education, Health and Care (EHC) Plan** | **​​** |

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| **Additional information**: |
| **Free School Meals** | **​​** | **Pupil Premium** | **​​** |
| **High Needs Funding** |  | **High Needs Funding Band** |  |
| **Current attendance** |  |

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| **Profile of need:** |
| **Areas of need (tick only one primary need)** | **Primary** | **Additional** |
| **Communication and interaction (including SLCN)** | **​​** | **​​** |
| **Cognition and learning (including SpLD)** | **​​** | **​​** |
| **Social, emotional and mental health** | **​​** | **​​** |
| **Sensory / Physical (*with clinically diagnosed sensory loss and not sensory processing or integration difficulties)*** | **​​** | **​​** |

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|  **Key Stages 1 and 2 Assessment Data:** |
| **Current progress in Reading, Writing and Maths *(KS1 or KS2* ) (*please comment on progress over time*)** | **Reading:** | **Writing:**  | **Maths:**  |  |
| **Current attainment / performance in Reading, Writing and Maths *(KS1 (where appropriate, or Key stage 2)*** | **Reading: (*including standardised score/reading age/ date of assessment/test used):*** | **Writing: *(including spelling standardised score/date of assessment /test used):***  | **Maths: *(including standardised score/maths age/date of assessment/test used):*** | **G.P.S. test scaled score (*Key Stage 2):***  |
|  |  |  |  |
| **Target / predicted end of Key Stage 2 assessments** | **Reading** | **Writing** | **Maths** |  |
|  |  |  |  |
| **Year 2 teacher assessment**  | **Reading** | **Writing** | **Mathematics**  | **Science** |
|  |  |  |  |
| **Year 2 phonics re-check if the threshold was not met in year 1** | Met the thresholdYes / No | Score out of 40 |  |
| **Year 1 phonics screening check** | Met the threshold Yes / No | Score out of 40 |  |
| **Reported outcome at the end of EYFS** | GLD Yes / No | Comments/additional information:  |

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| **Key Stages 3 and 4 Assessment Data:** |
| **End of Key Stage 2 outcomes**  | **Reading:** | **Writing:** | **Maths:** |  |
| **Current progress in English and Maths *(KS3/4)* (*please comment on progress over time*)** |  |
| **Current attainment in English and Maths (KS3/4) (please include standardised assessments)** |  |
| **Target / predicted grades for the end of KS4 OR grades already achieved at KS4** | **English** | **Maths** | **Science** | **Other subjects** |
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| **Any further assessments relating to the learner’s profile of need (e.g., PhAB 2, CTOPP 2, BPVS 3, WRAT 5)** |
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| **Current school’s APDR graduated response:** |
| **Dates(s)** | **SEND Area of Need** | **Plan: What strategy, intervention or approach has been implemented?** | **Review: Detail the impact achieved and the progress made** |
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| **Education history:** |
| **Previous Schools / Settings / EHE (Elective Home Education)**  | **Dates attended**  |
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| **Suspension Data:** |
| **Date of suspension** | **Length of suspension** | **Reason** | **Adjustments made to provision to support reintegration** |
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| **IMPORTANT:** |
| **Is this child known to be at serious risk of violence or Child Criminal Exploitation (CCE)?** | ​​ Yes/No – delete as necessary |
| **If at risk of CCE, has a referral been made to the MACE Panel?**[**Multi-Agency Criminal Exploitation (MACE) Panel - Referral Form (office.com)**](https://forms.office.com/Pages/ResponsePage.aspx?id=7GqcEEZQlUqPPIT2O6GK9DntyPrPwsBCnLg2_MWO0ZJUMDBXUkVTUUc4SjZFRUtGSUpIVlRZNkU0NyQlQCN0PWcu) | ​​ Yes/No – delete as necessary |

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| **Child in Care:** |
| **Child in Care** | ​​ Yes/No – delete as necessary |
| **If a Child in Care, name of Authority** |  |
| **Child in Care status** |  |
| **Social worker name** |  |
| **Social worker email/telephone no** |  |

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| **Social Care:** |
| **Child in Need** | ​​ Yes/No – delete as necessary |
| **Child Protection 0-18** | ​​ Yes/No – delete as necessary |
| **Child in Care 0-16** | ​​ Yes/No – delete as necessary |
| **Leaving Care 16+** | ​​ Yes/No – delete as necessary |
| **Early Help 0-18** | ​​ Yes/No – delete as necessary |

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| **Other professionals (involved in last 6 months):** |
| **Agency**  | **Key worker name**  | **Contact details**  | **Date of last contact**  |
| Psychology and Therapeutic Services (P&TS)  |   |   |   |
| Specialist Education Services (SES)  |   |   |   |
| Social Care (Please specify team)  |   |   |   |
| Suffolk Youth Justice Service  |   |   |   |
| Health (Please specify)  |   |   |   |
| Mental Health Services (Please specify)  |   |   |   |
| Early Help (Please specify team) |   |   |   |
|  Other(s) please list below:  |   |   |   |

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| **Part 2: Pupil’s, Parent/Carer’s & School’s View:** |

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| **Pupil’s View:** |
| Pupil’s View (What is working well? What are you worried about?)  |
| **Parent/Carer’s View:** |
| Parent’s/Carer’s View (What is working well? What are you worried about?)  |
| **School’s View:** |
| School’s View (What is working well? What are you worried about?)  |

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| **Part 3: Referrer Details & Parent/Carer/Social Worker Consent:** |

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| **Referrer Details:** |
| **Referral made by:** | School / Suffolk Virtual School / Essex Virtual School (delete as necessary) |
| **Forename(s)** |  | **Surname** |  |
| **Role** |  | **Telephone** |  |
| **School** |  |
| **Address** |  |
| **Email** |  |
| **Signature** |  | **Date** |  |
| **School DSL - name** |  | **Email:** |  |
| **School Attendance - name** |  | **Email:** |  |
| **Invoices to go to – name** |  | **Email (school finance dept)** |  |
| **Purchase Order** **Number (must be provided)** |  |
| **Please note the financial agreement is between Raedwald Trust and the commissioning school. All invoices will be sent directly to the school, and it is the school’s responsibility to ensure prompt payment is made.** |

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| **Parent/Carer 1:** |
| **Surname** |  | **Forename(s)** |  |
| **Title** |  | **Relationship to child** |  |
| **Address (if different from pupil’s)** | **Parental responsibility Y/N** | **​​** |
|  | **Telephone** |  |
| **Mobile** |  |
| **Postcode** |  | **Email** |  |
| **Home language** |  | **Interpreter needed?** |  |

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| **Parent/Carer 2:** |
| **Surname** |  | **Forename(s)** |   |
| **Title** |  | **Relationship to child** |   |
| **Address (if different from pupil’s)** | **Parental responsibility Y/N** | ​​ |
|  | **Telephone** |   |
| **Mobile** |   |
| **Postcode** |  | **Email** |   |
| **Home  language** |  | **Interpreter needed?** |  |

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| **Parent/carer/social worker consent:**  |
| **I/we confirm that I/we have read all the information on this form and give consent for a referral to be made to Raedwald Trust Traded Services. I/we also give consent for the information contained in this form to be shared and discussed with other professionals supporting the child.** |
| **Signature (Parent/Carer 1)** |  | **Date** |  |
| **Signature (Parent/Carer 2)** |  | **Date** |  |
| **Signature (social worker for all Suffolk/Essex Virtual School referrals)** |  | **Date** |  |

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS FORM:**

Medical Evidence (Consultant or Paediatrician letter, if applicable)

Risk Assessment (Raedwald Trust template)

EHCP (if applicable)

PSED – Personal, Emotional and Development Tracker

Attendance Summary

Current timetable inc any reductions or third-party provision

Most recent school report

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| **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 UK GDPR and by signing this application form you are consenting to our processing this for the purposes described in our policy. |