**Referral form for Alternative Provision or Inclusion Support**

**From West Sussex Alternative Provision College**

* Please complete the form in full and submit to fairaccess@westsussex.gov.uk
* Please provide as much relevant detail as possible; the boxes will expand
* All referrals will be considered at Allocation Meetings. These usually take place **fortnightly** and do not operate during the school holidays
* A response from the team will be communicated to you **within 2 weeks of the allocation meeting** stating what has been agreed and the name and contact details of the alternative provision.
* The manager of Fair Access will hear any allocation disputes in the first instance

**AP charges will be applied in accordance with published information**

Before completing this form, please check that you have used the *Inclusion Guidance: Improving Challenging Behaviour* and have involved all appropriate agencies before referring for alternative provision.

Early Help Plans (EHPs) are an expectation for those children directed off site and for those with mental health needs.

**Declaration**

I am aware of the referral for alternative provision and I understand and agree that the school will share relevant information with the Local Authority and the chosen alternative provider. That information will he held securely in accordance with the data protection act (1998). The information may be held on record until the pupil reaches the age of 26 and will then be destroyed.

Name of person with parental responsibility……………………………………………………………

Signature…………………………………………………………………… Date……………………………..

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| Pupil Information |
| Name: | Sex: | Date of Birth: | Date of Referral: |
| NC Year:  | Child Looked After Yes / NoLocal Authority? |
| UPN: | Pupil Premium Yes / No |
| Ethnicity:First Language:English: Early acquisition / Developing competence / Competent / Fluent | Additional Educational Needs:SEN Category:Vulnerable group:  |
| School Information |
| School: Area: West (A) South (B) North (C) Mid (D)  | Head teacher:HT is aware of the referral: Yes / No |
| Name of School SENCo:Name and position of referrer (if different): | Tel No:Email address:Tel No:Email address: |
| Safeguarding concerns/Child Protection historyYes / No | Name of Designated Safeguarding Lead:Signature:……………………………………………………. |
| Parent/Carer Information |
| **With whom the child resides** |
| Name: | Relationship: |
| Address: | Contact No: |
| **Others with parental responsibility** |
| Name: | Relationship: |
| Address: | Contact No: |

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| **Social Care involvement** |
| Name: | Position and email: |
| Local Authority: | Mobile: |
| Virtual School contact name: | Contact details: |

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| **Referral** |
| **Type of referral:** | **Medical/DOS / PEx / Other (please give details)****Blended Learning/APC inclusion/APC centre** |
| **What service do you want from this referral?** |
| **What are the outcomes that you would want to see resulting from this intervention?** |
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| **Attendance** |
| **Current year %**  | **Previous year %**  |
| **Exclusions**  |
| **Current year**  |
| **Number of FTE:**  |
| **Number of days FTE:** |

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| Previous School History (including any stays in WSAPC) |
| **School** | **From** | **To** |
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| **Background Information:** (to include family dynamics, significant events, CP history) |
| **Main concers:**  |
| **Strengths of pupil:** |
| **Interests of pupil:** |
| The Assess Plan Do Review Cycle (SEND Code of Practice 2014) |
| **ASSESS – How have you assessed the Child/Young Person?** (please give scores or assessment findings both academic and SEMH) |
| **PLAN – From analysis of these assessments, what needs have you identified?** |
| **DO – What adjustments and interventions have you made to address these needs?** |

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| Please provide information about the school/setting’s best endeavours to support this pupil’s learning, medical and SEMH needs |
| **Strategy/intervention** | **Dates** | **Impact** | **Professional’s name/role** |
| **Educational:** |  |  |  |
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| **Health:** |  |  |  |
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| **Social Care:** |  |  |  |
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| **Agency Involvement** |
| **Agency Name – please indicate involvement** | **Current**(Please tick) | **Completed**(date completed) |
| Learning and Behaviour Advisory Team |  |  |
| Autism and Social Communication Team |  |  |
| Sensory Support Team |  |  |
| Educational Psychology Service |  |  |
| Virtual School for Children Looked After |  |  |
| Ethnic Minority and Traveller Achievement Service |  |  |
| WSAPC Inclusion Team |  |  |
| Pupil Entitlement: Investigation |  |  |
| Alternative Provisions |  |  |
| Speech and Language Therapy  |  |  |
| School Nurse |  |  |
| Child Development Centre |  |  |
| Child and Adolescent Mental Health Service |  |  |
| Social and Caring Services |  |  |
| Youth Offending Service |  |  |
| Integrated Prevention Earliest Help/Family Support Network (If not, please explain why not) |  |  |
| Other: (please specify) |  |  |

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| What has been the impact from these Agency Involvements? |
| **Agency** | **Impact** |
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| **Additional Information/Evidence** |
| Assessment | CurrentY/N | AttachedY/N |
| End of Key Stage results for Maths English and Science |  |  |
| Cognitive Assessment Test Results |  |  |
| Reading and Spelling Scores |  |  |
| SEN Need (please rank if more than one)* Communication and Interaction
* Cognition and Learning
* Social, Emotional and Mental Health difficulties
* Sensory and or Physical needs
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| Medical diagnosis /disability |  |  |
| Assessment of social, emotional or mental health needs |  |  |
| Individual Learning Plan |  |  |
| PSP (or equivalent programme of support) |  |  |
| Attendance Certificate |  |  |
| Risk Assessment |  |  |
| Provision Plan |  |  |

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| **Key contact details** |
| **Name:** |  |
| **Tel:**  |  |
| **Email:** |  |
| **Date:** |  |

**This document was circulated for use from Summer 2018.**

**Please check** [**http://schools.westsussex.gov.uk/P1764**](http://schools.westsussex.gov.uk/P1764) **for future updates.**

Please attach documentary evidence to support the information you have summarised

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| Checklist |
| Information Required | Included In Referral Y/N |
| All sections of the form have been completed |  |
| Contact details of referrer |  |
| Agreement for referral from Head Teacher |  |
| Agreement for referral form parent/social worker |  |
| Assessment and analysis of learning needs data |  |
| Assessment (e.g. behaviour log, have your say, SQD) and analysis of SEMH needs data |  |
| Attendance Certificate |  |
| Risk Assessment |  |
| EHP case number for all AROEs and MH referrals, date of next TAF and name of Lead Professional |  |
| Reports from all agencies involved |  |
| Documents to show assess, plan, do, review cycle. |  |
| Provision map (current timetable, showing personalisation and interventions) |  |
| For DOS: PSP with 2 reviews for pupil |  |
| For Medicals: Letter from consultantIdentifying diagnosis, treatment plan, recommendations for education and timescales |  |
| For CLA: Care Plan and PEP - identifying decision to refer with agreement from social worker and virtual school |  |
| For CIN or CP: dates of next meeting |  |
| For SEN: Statement/EHCP and Annual Review (Referrals only accepted from SENAT) |  |

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| **NAME Yr** |

 🗸 All appropriate risk factors

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| **Factors/Risk** | **High Risk**  | **🗸** | **Medium Risk**  | **🗸** | **Low Risk**  | **🗸** |
| Students Maturity | Very Immature for age |  | Sometimes acts immaturely for age. |  | Mature for age |  |
| Student Behaviour- Anger | Easily Becomes angry |  | Expresses anger when believes there is reason |  | Remains calm |  |
| Student Behaviour - Violence | Involved in apparently unprovoked assaults |  | Has responded violently when provoked |  | Remains calm or walks away from a situation that may cause feelings of upset |  |
| Student Behaviour –weapons | Has been known to use offensive weapons (actual or threatened) |  | Has been known to carry offensive weapons |  | No concerns |  |
| Student Behaviour- Criminality | Has been found guilty of a criminal offence |  | Has been cautioned for a criminal offence |  | No record of criminality |  |
| Student Behaviour - Language | Regularly swearing in everyday speech |  | Occasional Swearing when provoked |  | Doesn’t swear |  |
| Student Behaviour - Honesty | Has been known to make false allegations |  | Untrustworthy  |  | Honest |  |
| Student Behaviour - Confidence | Very withdrawn |  | Lacks self confidence |  | Outgoing |  |
| Home Circumstances | Significant instability at home |  | Difficulties at home |  | Supportive Home |  |
| Medical Circumstances | Severe health issues |  | Mid health problems but controlled |  | No problems |  |
| Educational Needs | High level of support required at all times |  | Some degree of extra support |  | No support required |  |

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| Additional comments: (include other risky behaviours eg. Drugs/alcohol/CSE and protective factors) |



