**Delta Alternative Provision Referral Form**

Initial referral form for children and young people who are causing concern and additional support, outreach or AP Free School is requested. Please fill in this form **in full**. **Incomplete forms will be returned and may delay the referral process.**

Please attach the following documents to support your referral; behaviour plans, IEP/EHC Plan, Pupil Profile, current Attendance Certificate and any other additional relevant information/reports you consider necessary to support the decision making process.

Email referrals to: referrals@ellandacademy.org.uk / referrals@stwilfridsacademy.org.uk

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| **ACADEMY/SCHOOL DETAILS** |
| Initiating Academy/School: |  |
| Key Academy/School Contact: |  |
| Contact number/email: |  |

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| **LEARNER DETAILS**  |
| Pupil’s Name  |  | Pupil UPN |
| Year Group |  |  |
| Date of birth  | Male | Female  | EAL | Ethnicity:  | Home Language |
| Parent or Carers name |  | Relationship to child |
| Home address |  |
| Contact phone number  |  | Home language |
| AttendanceCurrent Provision(Days/Hours): | Last academic year % | Current academic year to date % |
| Authorised % | Unauthorised % |
| Authorised % | Unauthorised % | Last 6 weeks % |
| PAYes/No | EnforcementYes/No | EWO Name |
| **REASON FOR REFERRAL** |
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| Tick all that apply:  |
| [ ]  attendance |
| [ ]  risk of P/X |
| [ ]  social and emotional health |
| [ ]  Behaviour |
| [ ]  other – please specify |

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|  **Incidents in school that have given rise to concern:**

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| --- | --- |
| [ ]  Physical assault against Young Person | [ ]  Verbal abuse/threatening behaviour against Young Person |
| [ ]  Physical assault against adult | [ ]  Verbal abuse/threatening behaviour against adult |
| [ ]  Bullying | [ ]  Racist Abuse |
| [ ]  Sexual Misconduct | [ ]  Drug and Alcohol Related |
| [ ]  Damage | [ ]  Theft |
| [ ]  Persistent Disruptive Behaviour | [ ]  Other |
| **Please attach behaviour log** |  |

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| **KEY DETAILS OF REASON FOR REFERRAL** **including Learners Background Information** |
| Please give as much information and detail as possible. (Box will expand if required) |
| **SAFEGUARDING** |
| Additional family information (siblings, other adults living in the home) |   |
| Is the child in the care of the LA?  | If yes, name and details of the social worker |
| Has the child previously been in care? |  |
| Does the learner have any caring responsibilities?  | If yes, please advise: |
| Is the child subject to a child protection plan?  | If yes, name and details of the social worker |
| Does the child have an Early Help Assessment? | [ ]  Yes (please attach)[ ]  No – if no please say whyName and Contact Details of Lead Practitioner:  |
| Is the child open to any other agencies or accessing support with any safeguarding issues? | If so, please advise: |
| Does the child have any mental health concerns? Please give details:DELTA schools only – please indicate Wave |  |
| Agency involvement

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| [ ]  CAHMS |
| [ ]  Ed Psych |
| [ ]  School nurse |
| [ ]  Family support worker |
| [ ]  social care  |
| [ ]  CSE/CCE Team |
| [ ]  Virtual School Team |
| [ ]  visually impaired support |
| [ ]  Hearing impaired support |
| [ ]  physically impaired support |
| [ ]  IFSS[ ]  Youth Offending Team[ ]  EPIC[ ]  other |

 | Name of worker: | Dates: | Impact: |
| Are there any other known safeguarding/welfare concerns? |
| Pupil Premium | Yes/NoIf yes to pupil premium please state how the funding has been used: |
| Free school meals | Yes/No | Most Able | Yes/No |
| **HEALTH** |
| Is the learner taking any medication or have any allergies? If yes please state and provide/complete a health care plan (we will review this information with parents/carers):  |
| Additional health information if required (please attach). |
| **BEHAVIOUR OVERVIEW – CURRENT ACADEMIC YEAR** |
|  | **DATES** | **DAYS OF LOST LEARNING** | **REASON FOR EXCLUSION** |
| Fixed term exclusions |  |  |  |
| External isolation(to another school) |  |  |  |
| Internal isolation |  |  |  |
| Number of lessons removals: |
| **Details of managed moves** |
| Date | Provision | Duration | Outcome |
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| **SPECIAL EDUCATIONAL NEEDS** |
| Does the learner have any Special Education Needs? (Please tick)Please indicate if the child has a diagnosis:

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| --- | --- | --- | --- | --- |
| Severe learning difficulties  | Moderate Learning Difficulties | Speech and language communication difficulties | Autistic Spectrum disorder | Visual Impaired |
| Hearing Impaired | Multi-Sensory Impairment | Physical difficulties | Social Emotional Mental Health | other |

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| Please give further information. |
| Is the learner awaiting an SEN assessment? If yes please give further information.Is the learner on the GDA Pathway? Date of referral:  |
| Has the student been granted access arrangements for any previous exams/tests? If so, are the arrangements still valid? Please include any information with the referral. |
| Designation on the SEN register?(Please tick)**Student needs to have at least 1 round of SEN Support (assess plan do review).** |  | Statement***(attach statement/ last head teachers report*)** | EHC Plan***(attach plan and review documents)*** | SEN Support***(attach last SEN Support Plan)*** |
| Amount of High Needs Block Funding |  | £ | £ |  |
| **GENERAL LEARNER INFORMATION** |
| Is there ILP/PEP in place? If yes please provide details: |
| What else has the school done differently to meet the Learners needs? |
| Reasonable adjustment | Measurable impact |
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| Please use this box to include any additional information regarding anything that could prohibit the young person from achieving/engaging with the AP Free School programme of support? (e.g. travel, previous negative experiences, relationship to parents, known behavioural triggers etc.) |
| **Academic Progress**  |
| Date of assessment | Subject | Target Level | CWA | comment |
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| **Compulsory Information** |
| **Reading** (Please provide both scores and name test used) | **Reading Age** | **Reading Standard Score** |  |
| **End of Key Stage 2 results** | **Maths** | **English Reading** | **English Writing** | **Science** |
| **Additional Assessments (if available)** |
| Please attach | Please tick if attached | Any comments. |
| **CAT** |  |  |
| **PASS** |  |  |
| **Boxall Profile** |  |  |
| **Any other assessment that you think is relevant.** |  |
| **Consent & Information Sharing** |
| GDPR Consent for information storage and information sharing | By completing this form, you give the members of the referral and moderation team the authority to collect and retain information about your child which will help facilitate your child’s early help and assessment programmes. Information is held with due regard to the Data Protection Act 2018. Delta is the Data controller for the purposes of the Data Protection Act. If you want to know more about the information the academy holds about you, or the way the academy uses that information, please contact the Information Security Officer or refer to our Data Protection policies via our website. |
| **Pupil comments** |  |
| Pupils signature:Please print name:Date: | **If submitted electronically, please tick box to indicate consent given to refer** |
| **Parent/guardian comments** |  |
| Parent/carers signaturePlease print name:Date: | **If submitted electronically, please tick box to indicate consent given to refer** |
| Referrer’s signature Please print nameDate |  | Contact detailsTel: Email:  |