

**Referral Form for Inclusion Support and Alternative Provision Panel**

**Section 1**

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| **Pupil Details** |
| **Name**  |  | **Date of Birth** |  |
| **Year Group** |  | **Current Attendance** |  |
| **Parents/carers** |  | **Address** |  |
| **Email address** |  | **Telephone number** |  |
| **UPN/ULN** |  | **Ethnicity** |  |
| **Home Language** |  |  |  |

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|  **Current Academic Levels**  |
| **English** |  | **Mathematics** |  |
| **Science** |  | **Other** |  |

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| **SEND Status – Please give details including dates** |
| **EHCP** | Has there been a referral to SAM panel?  |  |
|  | Has an EP report been commissioned? Completed? |  |
|  | What are the identified areas of need? |  |
|  | Name of SEND Officer |  |
|  | What is the expected outcome of the referral? |  |
| **SEN Support** | What areas of difficulty are identified?  |  |
|  | Does the pupil have a disability? Please give details. |  |
| **Please attach any documents such as the EP report or latest SEN support plan to support the referral.**  |

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| **Social Care Status - Please give details including dates** |
| **EHA** |  |
| **CIN** |  |
| **CP** |  |
| **CYPIC** |  |
| **Other**  |  |

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| **Risks and vulnerabilities identified affecting this child** |
|  | **Yes** | **No** |
| **Substance misuse** |  |  |
| **Self-harm** |  |  |
| **Gang involvement/ exploitation** |  |  |
| **Sexual exploitation** |  |  |
| **Risk to other pupils in school** |  |  |
| Provide details of any risk assessments, screening tools and actions taken in response to identified risks below: |
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| **Substantive School Details** |
| **Name of Provision** |  |
| **Name of Contact person** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Previous Schools (last 3 Years) - Please give details including dates** |
| **Name**  | **Dates** | **Details** |
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| **Reason for Referral** |
| **Please give details of the current challenges and difficulties. Please summarise any information from behaviour logs and other assessment measures.**  |
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| **Measures/Action taken by the School** |
| **Please give details of the measures and actions taken by the school to meet the challenges and difficulties presented by the pupil.**  |
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| **Please provide details of support that the child has accessed. Include copies of most recent reports.** |
|  | **Currently involved** | **Previously involved** | **Report attached** |
| **Outreach service** |  |  |  |
| **Education welfare** |  |  |  |
| **Educational psychology** |  |  |  |
| **Strengthening Families** |  |  |  |
| **Social Care** |  |  |  |
| **CAMHS/ mental health** |  |  |  |
| **Youth Offending** |  |  |  |
| **Occupational Therapy** |  |  |  |
| **Speech & Language Therapy** |  |  |  |
| **Other (specify):** |  |  |  |

**Section 2 – to be completed at/post panel.**

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| **ISAPP/PIP**  |
| **Summary of decision at panel.**  |
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| **Outcomes** |
| **Details of funding** |

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| **Alternative Provision Details– if appropriate**  |
| **Name of Provision** |  |
| **Name of Contact person** |  |
| **Email address** |  |
| **Telephone number** |  |
| Signed |
| Date |

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| **City of Wolverhampton Local Authority** |
| **Name of Provision** |  |
| **Name of Contact person** |  |
| **Email address** |  |
| **Telephone number** |  |
| Signed |
| Date |

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| **Substantive School** |
| **Name of Provision** |  |
| **Name of Contact person** |  |
| **Email address** |  |
| **Telephone number** |  |
| Signed |
| Date |