

**Wolverhampton Inclusion Support Service**

**Referral Form**

Wolverhampton Inclusion Support Service offers a range of specialist support and advice to mainstream schools for pupils who may be at risk of exclusion.

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| **Date referral made:** |  |

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| **School Details** | | | |
| **School / Setting:** | | | |
| **Address:** | | | |
| **Postcode:** | | **Telephone No:** | |
| **Head teacher:** | | **SENDCo:** | |
| **DSL name:** | **DSL Tel:** | | **DSL email:** |

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| **Your Details** | |
| **Name of person making referral:** | |
| **Email:** | |
| **Telephone No:** | **Relationship to child** *(e.g. form tutor / teacher etc.)* |

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| **Pupil Details** | | | |
| **Name:** | | | |
| **Date of Birth:** | **Gender:** | | **Year:** |
| **Name of Parents:** | | | |
| **Address:** | | | |
| **Contact Telephone numbers:** | | | |
| **Is there SEN Support/EHCP in place?** *(Please give details.)* | | | |
| **Any specific / clinical diagnosis** *(Please attach copies of any relevant reports)* | | | |
| **Other Involved Agencies / Professionals** | | | |
| **Name** | **Role** | **Telephone** | **Email** |
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| **Details of attainment / progress** *(P-scales / ELGs / AREs or other)* | | | |
| **Levels of support** (e.g. 1-1 / small group / No. hours support) | | | |
| **Details of Previous Exclusions** | | | |
| **Has an Exclusion Prevention Meeting taken place? Please give details.** | | | |

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| **Main reason for referral:** |
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| **What support would you like from the Inclusion Support Service?** |
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| **I can confirm that parental permission has been obtained for this referral.** | |
| **Signature:** | **Date:** |
| **Head Teacher signature:** | **Date:** |
| **SENDCo signature:** | **Date:** |

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| --- | --- |
| **Please Return this form to:** | |
| Contact us:  Inclusion Support Service  Tel: 01902 550621  **Attendanceand.Exclusions@wolverhampton.gov.uk** |  |

*Thank you. A member of the team will be in contact as soon as possible.*