

**Wolverhampton Inclusion Team**

**Individual Intervention Referral Form**

Wolverhampton Inclusion Support Service offers time-limited specialist support to mainstream primary and secondary schools to enable them to access a range of support and advice for pupils who may be at risk of Permanent Exclusion. Support is delivered over 6 sessions.

To make a referral to our service please complete this form.

Please add as much information and detail as possible in all relevant sections. Referrals will be returned if the form is incomplete.

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| **Essential referral criteria – Must be all the below and evidence must be provided where stated**  |  **Please tick**  | **Evidence attached?**  |
| The pupil has a behaviour plan and risk assessment in place |  |  |
| The pupil does **not** have an EHCP |  | **N/A** |

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| School Details |
| School / Setting: |
| Address: |
| Head of School: | Telephone No: |
| SENDCo/Inclusion SLT | Telephone No: |
| Name of person making the referral: |
| Role in School: |
| Email: | Telephone No: |

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| Pupil Details |
| Name: |
| Date of Birth: | Gender:  | Ethnicity: |
| Year group: | Current attendance: | ESP/CIN/CP |
| Name of Parent/s or Carer/s: | Contact number: |
| Current Attendance (please be advised for pupils under 50% attendance there would need to be additional evidence provided) |  |

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| SEND |
| Is the Pupil identified as SEN Support? Please outline the areas of difficulty. Please attach the costed provision map to demonstrate the notional budget spending. Have the following services been involved

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| Outreach | YES/NO | Youth Justice Service | YES/NO |
| Educational Psychology | YES/NO | Power 2 | YES/NO |
| Catch 22 | YES/NO | Occupational Therapy | YES/NO |
| Wolverhampton 360 | YES/NO | Speech Therapy | YES/NO |

Has the ECHNA process been started? YES/NO If yes, what date was it submitted? \_\_\_\_\_\_\_\_Any additional information:  |
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| **Attainment and progress**  |
| Please indicate pupils’ academic levels.

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| --- | --- | --- |
|  | Primary | Secondary |
| English |  |  |
| Reading |  |  |
| Maths |  |  |
| Science |  |  |

Other academic information: |

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| **School level support – *Please list the different types of internal support and/or intervention programmes delivered by the school. Please highlight any that have been successful.***  |
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| **What is going well for the pupil? What are the positives? What are their strengths?**  |
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| **Main reason/s for this referral – Please provide a brief overview of the current situation including your main concerns and reason/s why you feel the pupil is at risk of suspension and/or exclusion**  |
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| **What support would you like from the Inclusion Support Service. These can be discussed in more detail at the initial meeting.**  |
| **Please x those that apply.**

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| Building positive relationships |  | Mentoring, leading by example |  |
| Self-esteem and confidence |  | Transition  |  |
| Choices and Consequences |  | Anger Management |  |
| Zones of Regulation |  | Goal setting/Aspirations |  |
| Emotion Coaching |  | Consequences of knife crime |  |
| Drugs and alcohol |  | Resilience |  |
| Bereavement/trauma |  | Staying out of offending behaviour |  |

**Other – Please indicate:**  |

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| --- | --- |
| **Parent/s signature (or verbal consent):** | Date: |
| **Head Teacher signature:** | Date: |
| **Referrer signature:** | Date |

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| Please return this form and all supporting evidence to: Attendanceandinclusion@wolverhampton.gov.ukPlease be advised a referral without a behaviour plan, risk assessment, provision map (if appropriate) and relevant reports the referral will be returned. Please provide evidence of parental/carer consent, a consent form template is available. A Statement of Intent will be prepared when an Inclusion Officer is allocated and will need to be signed by the Headteacher.Please ensure an appropriate space is made available for the interventions to take place in school. If a pupil is absent on the day of the intervention session, please contact the officer at the earliest opportunity. Thank you.  |