Email: **admin@pod81.co.uk**

**Once complete please attach any relevant documents and return securely to the email stated above.**

Referral Form

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| **Where relevant, please also provide ALL documentation such as EHCP, LAC PEP/Care Plans, ILPs, risk assessments, timetables, behaviour records.** |
| **Student Details:** |
| Full name: | Gender: M/F |
| Date of birth: | Current school year group: |
|  |
| Ethnicity: | First spoken language: |
| Entitled to free school meals? Y/N | Traveler student? Y/N | Newly arrived in area. Y/N |
| Immigration status *(if applicable)*: |
|  |
| Looked after? Y/N | Placement *(delete as appropriate)*:Foster home / Children’s home / Placed withextended family / Other (state) | Care plan or PEP provided [ ]  |
| Care Plan / PEP review date: |
|  |
| SEN? Y/N | SEN status *(delete as appropriate)*:EHCP / SEN Support / SEN Support with no specialist assessment of type of needEHCP /EHCP in Progress Y/N | IEP provided? [ ]  |
| Social Worker Y/N | Name of social worker: | Tel: |
| Date of EHCP *(where applicable)*: | EHCP review date *(where applicable)*: | EHCP provided? [ ]  |
| Give details of SEN / specific action points: |
|  |
| Are there known safeguarding concerns regarding this student?Y/N/not known | Give contact name and telephone number for obtaining more details: |
|  |
| Current school situation *(delete as appropriate)*:PX / has been EX / at risk of EX / other *(state)*  |
| Other agencies involved *(e.g. youth offending team, CAMHs, Connexions or equivalent)* with names, dates, contact details, brief details: |
| Would this student benefit from any specific embedded therapeutic workshops to increase their emotional resilience, well-being and coping skills? [ ]  Yes [ ]  No [ ]  Unsure *If ‘yes’, please tick below which ones.*[ ]  Managing Stress [ ]  Managing Depression [ ]  Managing Anger[ ]  Managing Anxiety [ ]  Developing Social Skills |

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| **Student medical details** |
| Known medical conditions *(including physical disabilities and diagnosed EBD, ASD conditions)*: | Medication or special provision needed: |
| GP / Family doctor name and address: |

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| Student’s home details |
| Main home address: | Who student lives with at this address:Tel: |
| Postcode: |
| Other home address *(if applicable)*: | Who student lives with at this address: |
| Postcode: | Tel: |

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| Emergency contacts |
| Please provide details of 2 people who can be contacted in case of emergency if contact cannot be made with parents / carers. **Mobile Telephone**: *(We use SMS or telephone calls/Class Dojo to keep parent-carers up to date on their child as required so please provide a phone number where permission is granted for both SMS and calls during the school day)*  |
| Emergency Contact | 1st | 2nd |
| Name |  |  |
| Relationship to student |  |  |
| Address |  |  |
| Home phone |  |  |
| Mobile phone |  |  |
| Work phone |  |  |
| Name |  |  |
| First language |  |  |

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| **Student data and education details** |
| Please provide the student’s current and prior attendance percentages. |
|  | Current *(this academic year to date)* | Last academic year |
| Present: | % | % |
|  |
| Please provide the student’s current, prior and projected levels in English and Mathematics. |
|  | End of KS2 Levels*(as provided by primary school)* | Current*(based on most recent report)* | Projected*(for end of Key Stage)* |
| English |  |  |  |
| Mathematics |  |  |  |
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| Please provide details of qualifications the student is currently working towards and those already attained (where applicable) including levels and grades. |

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| Qualifications student is currently working towards: |
| Qualifications already attained: |
|  |
| Details of any previous educational interventions *(e.g. time spent at PRU or other alternative provision, managed moves, reduced timetables etc.)*: |

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| **Known behaviours, reasons for referral and outcomes** |
| Does this student have an individual risk assessment? Y/N | Risk Assessment provided ? [ ]  |
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| Please select the following behaviours that have been a cause for concern in school. |
| [ ]  Physical assault against a student | [ ]  Physical assault against an adult |
| [ ]  Verbal abuse / threatening behaviour against a student | [ ]  Verbal abuse / threatening behaviour against an adult |
| [ ]  Bullying | [ ]  Racist Abuse |
| [ ]  Drug / alcohol related | [ ]  Sexual misconduct |
| [ ]  Damage | [ ]  Theft |
| [ ]  Persistent Disruptive behaviour | [ ]  Absconding |
| [ ]  Smoking | [ ]  (please specify) |
| Other |
|  |
| What are your reasons for making the referral (*including typical behaviour, barriers to learning, any specific risks or specific concerns not already highlighted above)*? |

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| **The following is in relation to the deteriation of students mental health** |
| Please list any early warning sign/triggers: |

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| --- | --- |
| **Please provide a copy of the student’s behaviour record.** | **Behaviour record provided?** |
| What are you hoping for as an outcome the placement at Pod81?***Note: If there are any changes with the student’s mental health or medication, the referring organisation or parent-carer would be required to let us know as soon as possible.*** |

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| **Information gathering and commissioning agreement****This section is to be completed by Pod81 staff during the initial referral interview** |
| **Information supplied by referrer** |  |  |
| Please check through the information supplied by the referrer using the checklist below. Note any additional actions or follow-up that is required in order for the information supplied to be complete. |
| To check: | Notes / follow-up required |
| Section 1 of referral form is fully completed? | Y / N |  |
| Relevant supporting documentation supplied?* Care Plan / PEP (if looked after)
* IEP
* EHCP
* Risk assessment
* Timetable
* Behaviour record
 | Y / N / not applicable Y / N / not applicable Y / N / not applicable Y / N / not applicable Y / NY / N |

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| **Follow-up** |
| Agreed start date: |
| Any specific actions: |
| Individual Risk Assessment required? | Y / N |
| Any additional notes: |

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| **Commissioning Agreement between Pod81 and referring school** |
| Key Targeted Areas of the Commissioning Agreement | Agreed Stakeholder Responses/ Notes |
| What is the anticipated duration of the placement? (At what point is it expected the student will return to mainstream or to their next place of education or training?) |  |
| How will the placement be reviewed with the referring school and parents? (Frequency of review meetings, content of what will be reviewed, who will be present) |  |
| How will be student’s needs be identified and assessed?What specific support will be given? |  |
| What are the specific targets of the placement? |  |
| What are the possible risks to the targets being achieved? How are these mitigated? |  |
| Commissioning Agreement Signatures:Referrer: Pod81 staff: Date: |

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| **Referrer details** |
| Name of school / referrer: | Email: |
| Main telephone number: |
|  |
| **Details for designated primary contact person *(for daily contact with updates)*.** |
| Name: | Job title / relationship to student: |
| Direct phone number: | Mobile number: |
| Email: |
| **Details of DSL *(for Safeguarding)*.** |
| Name: | Job title / relationship to student: |
| Direct phone number: | Mobile number: |
| Email: |
|  |
| **Attendance arrangements – Pod81 will send an automated daily attendance notification to the referrer via email. Please provide 2 email addresses to which this will be sent.** |
| Email address 1: | Name: |
| Email address 2: | Name: |
|  |
| **Details of finance contact *(for invoicing)*.** |
| Name: | Job title: |
| Direct phone number: | Mobile number:  |
| Email: |