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 with  extended 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 need  EHCP /  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 / N  Y / 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: | |