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| **Details of Young Person** |
| **Name:** | **DOB and Age:** |
| **ULN Number:** | **Year Group:** |
| **UCN Number:** | **Attendance: %** |
| **Gender: Male Female** | **First Language:** |
| **Ethnicity:**  | **Religion:** |

**Alternative Education Referral**

Please attach electronic copy of a current photograph for examination identification etc.

**Current School**

**:**

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| **Details of Parents/Carers with Parental Responsibility** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Tel No:** | **Tel No:** |
| **Parent email:** | **Parent email:** |
| **Relationship:** | **Relationship:** |

**One to One Mentoring x 12 weeks (1 term)**

gOne to one Mentoring x 12 weeks

**Provision requested:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Detail/Comment** |
| **Parent/Carer permission given?**  | **Yes** | **No** |  |
| **LAC/Previously****Please note: The student should not access more than 16 hours per week with providers**  | **Yes** | **No** |  |
| **SEN ECH Plan** | **Yes** | **No** |  |
| **Child Protection/Child in Need/TAC/etc** | **Yes** | **No** |  |
| **Pupil Premium** | **Yes** | **No** | *State category* |
| **Free School Meals** | **Yes** | **No** |  |

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| **Details of Referral** |
| **What has led to this young person being referred?** (*Please bullet point the Main concerns/issues)* |
| **Please identify the expected outcomes from a change of Provision for the Young person**

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| **1.** |  |
| **2.** |  |

**How would the change of educational provision benefit the young person?****If Student is not in KS4, what exit strategies will be put into place for the student to return to mainstream education?****Please provide current and predicted grades**

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| **SUBJECTS** | **Current Grade** | **Predicted Grade** | **Comments** |
| English |  |  |  |
| Mathematics |  |  |  |
| Science |  |  |  |
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**Reading age****Spelling age**

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| **Factors in the Young Person’s Life:**  |
| Please indicate which of these areas (if any) are a factor in the circumstances of the referred young person (please tick any that apply):* Disengagement and disaffection from education, at risk of exclusion
* Vulnerability to anti-social or criminal behaviour, exposure to gangs or exploitation.
* Family breakdown, abuse and neglect.
* Parenting skills and capacity
* Parents or significant family members with a history of offending or substance misuse.
* LAC or adoptive placements.
* Life controlling habits for the young person; addictions or patterns of destructive decision making.
* Risk of NEET.
* Vulnerability to crime, bullying, mistreatment or exploitation from peer group
* School age or young parent
* Any health/support needs, including mental, emotional or physical?
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| Are there other agencies involved with supporting the young person with any health/support needs? | Yes |  No |

**Does the young person have any of the following conditions / allergies?**

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| --- | --- | --- | --- |
| **Condition** | **Yes / No** | **Medication** | **Regularity** |
| Asthma |  |  |  |
| Diabetes |  |  |  |
| Hay Fever |  |  |  |
| Epilepsy |  |  |  |
| Heart Condition |  |  |  |
| Ear/Nose/Throat Condition |  |  |  |
| Food allergies |  |  |  |
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| Is the Young person on regular prescribed medication?   | Yes No |
| If Yes, is this medication issued by the school at any time? | Yes No |
| If Yes, at what time is it issued? | Comment:  |
| Is pupil self-aware of need for medication? | Yes No |

**Is there Parental/Carer permissions to issue medications?**

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| --- | --- |
| Paracetamol | Yes No |
| Plasters | Yes No |
|  | Yes No |
|  | Yes No |

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| **Previous Provision (e.g. previous school, managed moves, respite, part -time)** |
| **Provision** | **From** | **To** |
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| **External Agency Involvement (e.g. EP, Social Care, CAMHS, BIT, Early Help, TAF)** |
| **Agency** | **Key Worker** | **Contact Details** |
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| **Additional Support /Intervention/Strategies Provided in School** |
| **Strategy** | **Outcome** |
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| **Young Person’s View of The Referral (Where possible)** |

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| **Parents/Carers View of The Referral (Where possible)** |

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| ***DO YOU CONSIDER THERE TO BE ANY RISKS TO LONE WORKERS VISITING THE HOME?* *YES / NO (IF YES PLEASE GIVE DETAILS):*** |
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| **Documentation to Support the Referral** |
| **Attendance Record Y/N** | **Attainment Record Y/N** | **Behaviour Log Y/N** |
| **Family Assessment Y/N**  | **SEN Records Y/N** | **Other Y/N** |

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| **Person Making the Referral** | **Date:** |
| **Name:** | **Designation:****Email:** **Phone number:** |
| **Name of Safeguarding Lead:**  | **Email:** **Phone number:** |
| **Name of Attendance Officer:** | **Email:****Phone number** |
| **Please include details of who to send invoices to:**  | **Email:****Phone number** |

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| **For Salford Foundation Referrals & Provision only:****Please email the fully completed form back to:** **youthservices@salfordfoundation.org.uk****All referrals will be acknowledged and followed up by Salford Foundation.**  |

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