**** Purple text on a white background

AI-generated content may be incorrect.

|  |  |
| --- | --- |
| **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**

**:**

|  |  |
| --- | --- |
| **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** |  |

|  |
| --- |
| **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**   |  |  | | --- | --- | | **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**   |  |  |  |  | | --- | --- | --- | --- | | **SUBJECTS** | **Current Grade** | **Predicted Grade** | **Comments** | | English |  |  |  | | Mathematics |  |  |  | | Science |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  | . |   **Reading age**  **Spelling age**   |  | | --- | | **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? | |
| |  |  |  | | --- | --- | --- | | 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?**   |  |  |  |  | | --- | --- | --- | --- | | **Condition** | **Yes / No** | **Medication** | **Regularity** | | Asthma |  |  |  | | Diabetes |  |  |  | | Hay Fever |  |  |  | | Epilepsy |  |  |  | | Heart Condition |  |  |  | | Ear/Nose/Throat Condition |  |  |  | | Food allergies |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  | | --- | --- | | 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?**   |  |  | | --- | --- | | Paracetamol | Yes No | | Plasters | Yes No | |  | Yes No | |  | Yes No | |
| |  |  |  | | --- | --- | --- | | **Previous Provision (e.g. previous school, managed moves, respite, part -time)** | | | | **Provision** | **From** | **To** | |  |  |  | |
| |  |  |  | | --- | --- | --- | | **External Agency Involvement (e.g. EP, Social Care, CAMHS, BIT, Early Help, TAF)** | | | | **Agency** | **Key Worker** | **Contact Details** | |  |  |  | |  |  |  | |  |  |  | |
| |  |  | | --- | --- | | **Additional Support /Intervention/Strategies Provided in School** | | | **Strategy** | **Outcome** | |  |  | |  |  | |  |  | |
| |  | | --- | | **Young Person’s View of The Referral (Where possible)** | |
| |  | | --- | | **Parents/Carers View of The Referral (Where possible)** | |
| ***DO YOU CONSIDER THERE TO BE ANY RISKS TO LONE WORKERS VISITING THE HOME?* *YES / NO (IF YES PLEASE GIVE DETAILS):*** |
| |  |  |  | | --- | --- | --- | | **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** | |
| |  |  | | --- | --- | | **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** |  |  | | --- | | **For Salford Foundation Referrals & Provision only:**  **Please email the fully completed form back to:** [**youthservices@salfordfoundation.org.uk**](mailto:youthservices@salfordfoundation.org.uk)  **All referrals will be acknowledged and followed up by Salford Foundation.** | |