**THIS FORM IS STRICTLY CONFIDENTIAL**

**Pupil Referral Form**

**Please email to: apreferrals@miag.co.uk**

|  |  |
| --- | --- |
| Referring school / agency:  |  |
| Address: |  |
| Name and position of person making referral: |  |
| Contact Number:  |  |
| Contact e-mail: |  |
| School Attendance Contact(Name, telephone and email) |  |
| DSL Contact (Name, telephone and email)  |  |
| SENCO contact (name, telephone and email) |  |
| Please confirm who will be payingfor this MIAG placement.  |  |

|  |  |
| --- | --- |
| Pupil Name: |  |
| Year Group: |  |
| Date of Birth: |  |
| Address: |  |
| Parent / Carer name: |  |
| Parent telephone:  |  |
| Parent e-mail: |  |
| Emergency Contact name:  |  |
| Emergency Contact Telephone:  |  |
| Pupil telephone: |  |
| Pupil email: |  |

|  |  |
| --- | --- |
| Current attendance % |  |
| Does the student have any diagnosed / suspected SEND? *Please provide further information* |  |
| Does the student have an EHCP? *If so please attach a copy* |  |
| Has a SNA been submitted? *If so who is the named caseworker?* |  |
| Is the student CIN / CP / CIC?*For CIC please attach PEP* |  |
| Is the young person a LAC or Previous LAC? |  |
| Is the young person known as a Young Carer? |  |
| Is the young person adopted? |  |
| Does the young person live with relatives (outside of family home)? |  |
| Does the young person have a family member in prison? |  |
| Are there any safeguarding concerns? Please pay particular attention to comment on:CCE risk/Gangs or knife crime?CSE riskASB / Violence / County linesRisk of radicalisation, FGM, Honour based violence? |  |
| Sexualised behaviour? (including up skirting) If so, do you have a risk assessment in place to share? |  |
| Perpetrator OR victim of bullying / harassment / discrimination behaviours? If so, are there known target / targeted groups that we need to be aware of? |  |
| Concerns with family context / neglect / emotional abuse or DV? |  |
| Concerns with family – disguised compliance? |  |
| Drugs/alcohol or substance misuse? |  |
| Does the young person have a concern around mental health and wellbeing (self-harm/talk of suicide) - If so, do you have a safety plan in place to be shared? |  |
| Have you received any notification (police crime /DV/Missing persons) for the young person or linked to the young person)? |  |

|  |  |
| --- | --- |
| Has this child ever been permanently excluded from a mainstream setting?  |  |
| If yes, what were the reasons for the PEX? |  |

**Pastoral Information**

|  |  |
| --- | --- |
| Contact details for other professionals who work with this pupil: | Social worker:Community support worker:Education welfare officer:Educational psychology/SEN:Clinical psychology (CAHMS):School nurse:Project 28 worker:Compass / Willow worker:Y.O.S Team:Other (Please specify): |
| Is there any other safeguarding or contextual information that we have not discussed that you think we should know about when working with this young person or family? |  |
| Does the student have any of the following?*If so please provide a IHCP* | Allergies: Asthma:Diabetes:Epilepsy:Other medical conditions:  |
| Does the student need to bring any medication to the provision? |  |

**Student Assessment Information**

|  |  |
| --- | --- |
| SAT results: |  |
| CAT scores:  |  |  |  |
| Current reading age: |  |

|  |  |  |
| --- | --- | --- |
|  | Current levels of achievement | Target for GCSE |
| English  |  |  |
| Maths |  |  |
| Science  |  |  |
| Other: |  |  |

**Previous Interventions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Intervention Name**  | **Start date:** | **End date:** | **Contact person and phone/email** | **Any comments and or indicate level of success** |
| *e.g. Thrive* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Character information**

|  |  |
| --- | --- |
| What hobbies / interests does this child have? Please give examples |  |
| Strengths:  |  |
| Difficulties: |  |

**Emotional and Behavioural Scores**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not at all1 | Rarely2 | Sometimes3 | Fairly often4 | Often5 | Always6 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Score 1-6 |  | Score 1-6 |  | Score 1-6 |
| **LEARNING BEHAVIOUR** |  | **CONDUCT BEHAVIOUR** |  | **EMOTIONAL BEHAVIOUR** |  |
| 1. Is attentive and has an interest in school work |  | 6. Behaves respectfully towards staff |  | 11. Has empathy |  |
| 2. Good learning organisation |  | 7. Shows respect to other pupils |  | 12. Is socially aware |  |
| 3. Is an effective communicator |  | 8. Only interrupts and seeks attention appropriately |  | 13. Is happy |  |
| 4. Works efficiently in a group |  | 9. Is physically peaceable |  | 14. Is confident |  |
| 5. Seeks help where necessary |  | 10. Respects property |  | 15. Is emotionally stable and shows self-control |  |
| **Total** |  | **Total** |  | **Total** |  |

**Booking Information**

|  |
| --- |
| **Reservation/Booking Information** |
| Number of hours:  |  |
| Days:  |  |
| Times:  |  |
| Dates From and to: |  |
| Will they require transport? |  |
| Are they attending anyother provision? *Please give details* |  |
| Additional Info |  |

PLEASE SEE RISK ASSESSMENT BELOW

**Risk Assessment**

Please consider potential risks such as: absconding, stealing, carrying a weapon, violence / abuse towards other students, violence / abuse towards staff, damage to property, drug / alcohol use, HSB, Child on Child abuse, e-safety concerns.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks of working with this young person or family** | **RAG rating****(Red – High, Amber – Medium, Green – Acceptable)** | **Precautions to reduce the risk** | **RAG rating after precautions are taken****(Red – High, Amber – Medium, Green – Acceptable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Is there any other relevant information we may need to be aware of, in order to maintain a safe and secure learning environment? |
| Is the student permitted to leave the establishment at break / lunch? | **YES / NO** |

**Please check the information you have supplied is accurate.**

Signed:   Senior Teacher Date:

If sending electronically, please insert the name of parent/carer who agreed to referral and for a practitioner to observe and work with the referred pupil.

Signed:    Parent(s) / Carer(s) Date: