School Referral Form

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| Current School |  | | |
| Referrer Contact Details |  | | |
| Responsibility |  | Date completed |  |
| Who should we send attendance emails to |  | | |
| Who should we send daily reports to? |  | | |

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| Student Name | |  | | | | | | | Year Group |  | |
| Date of Birth | |  | | | | UPN | |  | | | |
| SEN Status | | | | | | | | | | | |
| EHCP | Y / N | | |
| LOOKED AFTER STATUS | | | Y / N | | Ethnicity Code | |  | | | | |
| Is the student entitled to Free School Meals? | | | | | | | | | | | Y / N |

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| **Incidents in school that have given rise to concern** | | | |
| Physical assault against student |  | Sexual misconduct |  |
| Physical assault against adult |  | Drug and alcohol related |  |
| Verbal abuse/threatening behaviour against student |  | Damage |  |
| Verbal abuse/threatening behaviour against adult |  | Theft |  |
| Bullying |  | Persistent disruptive behaviour |  |
| Racist abuse |  | *Other (please specify above)* |  |
| *Additional Information* | | | |

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| Parent: Mother |  | Contact Number | W |
| H |
| M |
| Parent: Father |  | Contact Number | W |
| H |
| M |
| Carer |  | Contact Number | W |
| H |
| M |

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| Permanent Home Address |  |
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| **Supporting agencies involved** | **Y / N** | **Contact** |
| Educational Psychologist |  |  |
| Education Welfare |  |  |
| Social Care |  |  |
| CAMHS |  |  |
| YOT |  |  |
| REACH |  |  |
| Family Support/Targeted families |  |  |
| Other |  |  |

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| **Problem areas** | | | | | | | | | | | |
| Classroom |  | | Social Areas | |  | Lunchtime | |  | Attendance |  | |
| **Key Difficulties** | | | | | | | | | | | |
| Emotional | |  | | Social / communication | | |  | Behavioural | | |  |
| Anger management | |  | | ADD/ADHD | | |  | Dyslexia | | |  |
| Other(please comment) | |  | |  | | | | | | | |
| **Relevant background information.** *Parental links with school, peer relationships etc.* | | | | | | | | | | | |

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| **Main areas of concern:** |
| **1** |
| **2** |
| **3** |

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| **Risk Assessment:** *has the student posed a danger to staff, self or peers?* |

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| **Exclusion record:** Please attach where applicable*.* |

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| **Aims and desired outcomes of support** | | | |
| **No**. |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

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| **Timetable to be maintained by school during placement with Community Support Team:**  please indicate days / times support is required: |

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| **Student strengths and interests:** *personal / curriculum areas* |

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| **Curriculum: Student responds best to:** | | | | | | | | | |
| Oral activities |  | | Written activities | |  | | Practical activities | |  |
| **Support: Student is used to:** | | | | | | | | | |
| 1:1 support |  | | Group support | |  | | No support | |  |
| Normal curriculum |  | | Specifically differentiated curriculum | |  | | Small group/withdrawal work | |  |
| **Student responds positively to:** | | | | | | | | | |
| Public praise | |  | | Private praise | |  | | Positive notes home |  |
| Tangible rewards | |  | | Certificates | |  | | Special responsibility |  |
| Key adult | |  | | Class seating plan | |  | | Clear behaviour guidelines |  |
| Visual clues | |  | | Task lists | |  | | Personal behaviour targets |  |
| Class behaviour targets | |  | | Time out in class | |  | | Time out outside the class |  |
| Distraction/humour | |  | | Being given space, time and a set routine to calm down alone. | |  | | Given space, time and a set routine to calm down with an adult. |  |
| Talking about incidents with a key adult when calm. | |  | | Putting things right in a practical fashion. | |  | |  |  |
| Other (give details) | |  | |  | | | | | |

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| **Documentation Enclosed: Applications *must* be evidenced for the referral to be processed.** | | | | | |
| Current IEP |  | Attendance record |  | Current PSP / Behaviour plan |  |
| Current SEN information |  | Incident log |  | Current EHCP |  |

**Selected Agreement**

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| **1.** | SLA / MOU Agreement 1 term or more (transferable between students) | **2.** | Spot Purchase (1 term or less) |

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| Sessions are offered for 3hrs morning or afternoon e.g. 09:30 – 12:30 / 12:30 – 15:30  To include local pick up & drop back to home / school, basic activities and resource costs, meal deal style lunch and our comprehensive report delivered within 24hrs of support. Registration and administration of AQA UAS awards scheme. Attendance by directors / DSL at meetings e.g. TAF / CIN / CP / EHCP reviews |

**Agreement selected:**

**Purchase order Number if Applicable:**

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| **Agreement Terms/Terms of Business**  The School / Local Authority / Other Agency agrees to pay the Fee’s as shown in the costings and outcomes form provided by CST in return for the provision of the Services by the Provider.  Travel outside of our core areas will be charged at 45p per mile, any additional mileage will be shown on the costings and outcomes form.  Fees are due within 30 days of date of the invoice. An admin fee of £30 may be added for any outstanding invoices not received after 30 days from date of invoice.  *Any cancellations of individual sessions will need to be received in writing 24 hours prior to the session taking place. Any cancellations of service will need 14 days’ notice, which will be chargeable according to agreed rates.*  *In the unlikely event that CST are unable to meet need or provide best outcomes, we reserve the right to give 14 days’ notice of cessation of support.* |

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| I agree to the terms set out above. | |
| Name (print): |  |
| Signature: |  |
| Position: |  |
| Date: |  |

Please email completed referral forms to: [accounts@communitysupportteam.org](mailto:accounts@communitysupportteam.org)

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