**INITIAL PRIMARY REFERRAL FORM** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Child’s Name:  Child’s UPN:  Child’s Ethnicity Code: | DOB:  Year Group:  Attendance: |
| School:  Class Name: | Head Teacher:  SENCo:  Class Teacher:  *(Please highlight the primary contact)* |
| Tel: | Email: |
| Does the child have English as an Additional Language (EAL)? Yes / No  If yes, please specify the extent to which this impacts on communication: | |
| Does the pupil qualify for pupil premium? Yes / No | |
| Does the pupil receive free school meals? Yes / No | |
| Select any of the following that apply: Child in Care / Child Protection Plan / Child in Need | |
| Does the pupil have an EHCP? Yes / No / Statutory Assessment Underway | |
| Does the child have a diagnosis of SEND? Yes / No  If yes, please specify: | |
| Are other agencies currently involved? Yes / No  If yes, please specify: | |
| Number of fixed term exclusions in the last 12 months: | |
| Previous Schools: | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Below ARE | At ARE | Above ARE |
| Reading |  |  |  |
| Writing |  |  |  |
| Maths |  |  |  |

What is the pupil’s current attainment for the following?

|  |
| --- |
| Reason for referral: |
| Support currently in place: |
| Any known triggers / recent change in circumstance? |
| Indicate areas of success, strengths and likes: |

|  |
| --- |
| Any strategies shown to be effective? (Even for a short amount of time.) |

|  |
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| What would be your expected outcome from the support given? |

When complete, email to Teacher in Charge: [Dawn.Edwards@Northstar-academy.co.uk](mailto:Dawn.Edwards@Northstar-academy.co.uk)

This referral form will be followed up with a phone call where we will discuss relevant background history.