**INITIAL REFERRAL FORM** Date:

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| --- | --- |
| 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:  |
| Which Local Authority is your school based in? |  |
| Does the child have English as an Additional Language (EAL)? If yes, please specify the extent to which this impacts on communication: |
| Does the pupil qualify for pupil premium?  |
| Does the pupil receive free school meals?  |
| 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?  |
| Are other agencies currently involved?   |
| Number of fixed term exclusions in the last 12 months:0 |
| Previous Schools: |

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

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

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

|  |
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| 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 ollie.benzie@northstar-academy.co.uk and Kirsten.clark@northstar-academy.co.uk

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