**Please note:** This form is for referring students who are at risk of permanent exclusion only. This referral will be processed by Greenwood School staff directly and should be emailed to [referrals@greenwood.hants.sch.uk](mailto:referrals@greenwood.hants.sch.uk). Please complete a Medical Referral form if you wish to make a medical or EV referral and send it directly to [attendance.queries@hants.gov.uk](mailto:attendance.queries@hants.gov.uk) .

Please ensure that you complete this form as fully as possible and attach all required documents as failure to do so may mean that the referral will take longer to process. We aim to respond to all referrals within 3 working days.

**Additional Documents Checklist:**

The following documents are required in addition to the completed referral form. Where possible it is preferable that all documents are sent electronically.

|  |  |  |  |
| --- | --- | --- | --- |
| **In all cases:** | | | |
| Attendance certificate (this year and previous year) |  | Current timetable |  |
| Current education or behaviour plan (IEP/IBP) |  | Safeguarding chronology |  |
| Most recent progress report |  | Risk Assessment |  |
| Behaviour Log and List of Exclusions |  | SEMH questionnaire |  |
| TE01 Form (If taxi place is required) |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 1:** Type of Provision Requested

|  |  |  |
| --- | --- | --- |
| Onsite (Full At Risk Referral): |  |  |
| Outreach (delivered in home school): |  |  |
| Other (Please add details): |  | |

**Section 2:** Basic Student Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | DoB: |  | Year Group: |  |
| Home School: |  | UPN: |  | | |
| Home Address: |  | | | | |
| Postcode: |  | Ethnicity: |  | First Language: |  |
| Pupil Premium? |  | LAC? |  | CP/CIN/EHH? |  |

**Section 3:** Family Details

Parent/Carer Details

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address: |  |
| Postcode: |  |
| Phone Number (Home): |  |
| Phone Number (Mobile): |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address: |  |
| Postcode: |  |
| Phone Number (Home): |  |
| Phone Number (Mobile): |  |
| Email Address: |  |

Siblings

|  |  |  |
| --- | --- | --- |
| Name | DoB | School |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4:** Education History

Primary/Junior School

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |

Previous Secondary Schools/Provision Attended (including Managed Moves):

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Dates Attended: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Dates Attended: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Dates Attended: |  |

Current School

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Postcode: |  | | |
| Dates Attended: |  | | |
| Name of Member of Staff responsible for liaison: |  | Position: |  |
| Telephone Number: |  | Email: |  |

Special Needs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the student have a diagnosed disability? | |  | | | |
| Is the student on the school special needs register? | |  | | | |
| Does this student have an IEP/IBP (Please include in referral if yes)? | | |  | | |
| Education Psychologist has been involved? |  | | | Date: |  |
| EHCP planned? |  | | | | |
| EHCP has been applied for? |  | | | Date: |  |
| Full EHCP granted? |  | | | Date: |  |
| Please outline any learning difficulties that this young person has… | | | | | |
|  | | | | | |

**Section 5:** Other Agency Involvement

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Name** | **Phone Number** | **Email Address** |
| Social Worker: |  |  |  |
| Family Support Worker: |  |  |  |
| CAMHS: |  |  |  |
| It’s Your Choice: |  |  |  |
| YCP: |  |  |  |
| YOT: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 6:** Medical Information

|  |  |  |
| --- | --- | --- |
| Does the student take any medication or require any medical intervention? | Yes | No |
| If you have answered yes, please provide details below. | | |
|  | | |

**Section 7:** Detailed Information to Support this Referral

|  |
| --- |
| **Why** is this student is being referred for intervention? |
|  |
| What do you believe to be the **cause** of this student’s difficulties (please refer to the results of the SEMH questionnaire in this section)? |
|  |
| What is the **impact** of this student’s difficulties (please include impact during out of school hours, in the home, social times whilst in school and whilst in lessons)? |
|  |
| What **strategies** have been used to address these difficulties so far and what are their outcomes (please give timescales)? |
|  |
| Does this student present a **risk** to themselves or others? |
|  |
| Are you aware of any students that this student might know who are currently being supported by our provision? |
|  |
| What are these student’s **strengths** and when is this student most successful? |
|  |

**Section 8:** Expected Outcomes

|  |
| --- |
| What outcomes would you like for the student (**please refer to the results of the SEMH questionnaire**)? |
|  |

**Section 9:** Profile of Student Capability

**Key Stage 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reading | Mathematics | Science |
| Test level achieved |  |  |  |
| Teacher assessment |  |  |  |

**Key Stage 3**

|  |  |  |  |
| --- | --- | --- | --- |
|  | English | Mathematics | Science |
| Teacher assessment |  |  |  |

**Cognitive Abilities Test**

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal | Quantitative | Non-verbal | Average |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Reading Age | Spelling Age | Dates when tested |
|  |  |  |

**Key Stage 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject | Type (GCSE/Btec) | Exam Board | Current Grade | Target Grade |
| English Language |  |  |  |  |
| English Literature |  |  |  |  |
| Maths |  |  |  |  |
| Science |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Exams Officer Details | |
| Name: |  |
| Telephone Number: |  |
| Email Address: |  |

**Please Note:** Before we can progress a placement at Greenwood we will need **all** of the requested documents (see checklist above) and confirmation that an agreement is in place to ensure that the student can access the Greenwood site.

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm how the student will be expected to travel to Greenwood: |  | | |
| If the student is expected to travel by taxi please confirm that a taxi place has been applied for: | | Yes | No |
| **Please ensure that a copy of the TE01 form is included in this referral pack** | | | |

I am aware of this referral and Greenwood School’s Partnership agreement and agree to this student being referred for support:

Head Teacher Signature: Date: