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| **Primary Inclusive Practice Forum**  **2023-24** |

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| **Referred by:** |  | **Date form completed:** |  |
| **Tel No:** |  | **Email:** |  |

**Referral and Recommendations**

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| --- | --- | --- | --- | --- | --- |
| **Child Details** | **Name:** |  | **Other Names:** |  | **Male** |
| **Ethnicity:** |  | | | |
| **UPN:** |  | **Date of Birth:** |  | **Year**  **Group:** |
| **Current Provision/**  **School** |  | | **Preferred School/type of School** |  |

**Parent/Carer Information (1):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer Name:** |  | **Relationship:** |  |
| **Tel No:** |  | **Email:** |  |
| **Address:** |  | **Postcode:** |  |

**Parent/Carer Information (2):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer Name:** |  | **Relationship:** |  |
| **Tel No:** |  | **Email:** |  |
| **Address:** |  | **Postcode:** |  |

**Dates of any previous schools attended**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **From** | **To** | **Reason for Leaving** |
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| **Reason for Referral and provision requested where appropriate:**  **Please specify under which category the case falls; Child out of school, Exclusion, Prevention, Reintegration back into mainstream** | **Name of Lead Professional** |
|  |  |

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| **Strengths (Academic and Social):** |
| **Attitude to Work:** |
| **Parent/Carer View:** |
| **Pupil View:** |
| **Risk Assessment for placement at short stay school:**  **Please describe any intervention or adaptation that has proved effective in the past** |

**Medical Needs (*please provide details*):**

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| --- | --- |
| **Medical:** |  |
| **Known Allergies:** |  |
| **Dietary Requirements:** |  |
| **Accessibility Issues:** |  |

**1. Education Profile**

**Pupil’s prior attainment:**

|  |  |  |
| --- | --- | --- |
|  | **Key Stage 1/2** | **School Measure of Attainment**  **Above, Below or Age Related** |
| **English:** |  |  |
| **Maths:** |  |  |
| **Science:** |  |  |
| **Reading Age:** |  |  |
| **Spelling Age:** |  |  |
| **Phonics Stage:** |  |  |

**Attendance Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance (%)** | **Authorised Absence**  **(%)** | **Unauthorised Absence**  **(%)** | **Date of last Attendance:** | **Is the pupil expected to attend 5 full days/week?** |
|  |  |  |  |  |
| **If no, please provide further details of part-time timetable, including length of part-time timetable and plan for the return to full-time** | |  | | |
| **EWO involvement** | | **Yes / No (*if yes, please provide contact details)*** | | |
|  | **Name:** |  | **Tel No:** |  |

**External Suspensions History:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Suspension** | | **Length of Suspension**  **(days)** | **Reason for Suspension** |
| **From** | **To** |
|  |  |  |  |
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**Internal Suspension History:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Suspension** | | **Length of Suspension**  **(days)** | **The Reason for Suspension** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
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**Internal Support:**

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| --- | --- | --- |
| **Support Used** | **Yes/No** | **Comment and Impact** |
| **Internal Learning Provision** |  |  |
| **Internal Exclusion** |  |  |
| **In Class Support** |  |  |
| **Alternative Curriculum** |  |  |
| **Peer Mentoring** |  |  |
| **Use of External Mentoring** |  |  |
| **Counselling** |  |  |
| **Nurture Group** |  |  |
| **Individual Behaviour Support Plan (IBSP)** |  |  |
| **Pastoral Support Plan (PSP)** |  |  |
| **Small Group Work** |  |  |
| **Speech and Language Therapy (SALT)** |  |  |
| **Occupational Therapy** |  |  |
| **School Nurse** |  |  |
| **Other Therapies e.g. Drama/Play/Art or Lego Therapy** |  |  |
| **Other** |  |  |

**SEND (if applicable)**

**Please provide details of the pupil’s:**

|  |  |  |
| --- | --- | --- |
| **Primary Need** |  | |
| **Secondary Need** |  | |
| **Tertiary Need** |  | |
| **IEP** |  | |
| **Does the pupil have a specific diagnosis?**  **(*eg ADHD, ASD, Epilepsy, Dyslexia)*** | |  |
| **Does the pupil have a Risk Assessment in place?** | |  |
| **Has this pupil been discussed at Locality SEND Support?** | |  |
| **Outcome of Locality SEND funding & use of delegated support** | |  |
| **Has an EHCP been requested?**  **Date of Submission:**  **Status** | |  |

**2. Social Profile**

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| --- | --- | --- | --- | --- | --- |
| **Is the pupil open to social care/Early Help?** | | **Yes/No (if yes, please provide contact details)** | | | |
| **Name:** |  | **Tel No:** |  | | |
| **Is this a child a Looked After Child** | | **Yes/No** | | **Croydon CLA** | **Out of Borough** |
| **Name:** |  | **Tel No:** |  | | |
| **Is Is the student on a Child Protection Plan?**  **(If previously on a plan please specify)** | |  | | | |

|  |  |
| --- | --- |
| **Known Issues** | **Support Provided by School** |
| **Academic:** |  |
| **Social:** |  |
| **Emotional:** |  |
| **Family Overview**  **(*ie Position of child in relation to sibling, parental details etc*)** |  |

**Other Agency Involvement (complete all that apply):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | **Expired** | **Contact Name** | **Email** |
| **Education Welfare Officer** |  |  |  |  |
| **CAMHS** |  |  |  |  |
| **Educational Psychologist** |  |  |  |  |
| **Speech and Language Therapist** |  |  |  |  |
| **Occupational Therapy** |  |  |  |  |
| **Other (state)**  **(see below)** |  |  |  |  |

**Current Status:**

**Does the Pupil fall in to a vulnerable group? Yes / No (if yes, tick all that apply)**

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| --- | --- | --- | --- |
| **Children Looked After** |  | **Traveller Child** |  |
| **Young Carer** |  | **Eligible for FSM** |  |
| **EAL (English as an additional language)** |  | **School Refuser** |  |
| **Child of Asylum Seeker** |  | **ASB (Antisocial behaviour)** |  |

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| **Checklist – Add this to the Secondary Form**  **These must be included with the referral documents. Please tick to confirm** | | | |
| **Pastoral Support Plan** |  | **Completed referral form** |  |
| **SIMS attendance record** |  | **Most recent school report** |  |
| **Behaviour Log** |  |  |  |

**The following should be included if applicable. Please tick to confirm**

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual Education Plan (IEF)** |  | **Education Health and Care Plan** | **Secondary form no. SEN Reg** |
| **Educational Psychologist Report** |  | **EHCP Request** |  |
| **Risk Assessment** |  | **Active PSP** |  |
| **Locality Documentation** |  |  |  |

**Please return completed form to** [primaryfairaccess@croydon.gov.uk](mailto:primaryfairaccess@croydon.gov.uk) **and include all relevant attachments. Please include the name of the school in the email subject line and do not send referral by secure email as it cannot be opened in the generic mailbox.**