New Student Referral Form

Please attach the following documents:

Readiness for school scale
Behaviour Logs
Attendance certificates
IEP
SEND documents

Type of placement required		
Short term preventative placement 6-12 weeks – KS3 and KS4		
Long term preventative placement – KS4 only		
Day 6 Provision		
Other (Please state)		

The student				
Name:		Preferred Name (if different):		
DOB:	/ /	School Year Group:		M / F
Home Address:				
		postcode:		
ULN:		UPN:		

Parents/Carers	
Name:	
Address	
Telephone:	
Email	

Emergency contact	
Name:	
Address	
Relationship to student	

Emergency contact	
Name:	

Address	
Relationship to student	

School			
School contact:			
Tel No:		Email:	
Designated Person for Safeguarding in school			
Tel No:		Email:	
School Address:			
		Postcode:	
School attendance %:		No. of exclusions:	
School attendance officer:			
Tel No:		Email:	
Finance contact		Email:	

Behaviour Issues	
Does the student have any behavioural diagnoses?	Y / N
If yes, please give details below.	

Behaviour Issues	
Are there any previous behaviours we should be aware of eg. violent or aggressive behaviour, risk to other students, trigger points to avoid, strategies to employ?	
Does the student engage in substance or alcohol abuse?	Y / N
If yes, please give details below.	

Other Information	
Is the student eligible for Free School Meals? Does the student require transport?	Y / N Y / N
Is the student working with any other agencies or professionals?	Y / N
If yes, please give details below.	
Is the student a ‘looked after’ child?	Y / N
If yes, please give details below.	
Does the student have SEN?	Y / N
If yes, please give details below.	
Does the student have an EHCP?	Y / N
EHCP in process	Y / N
If yes, at what stage. Please give details below.	

Health Issues	
Does the student use…	
…an inhaler? …an EpiPen?	Y / N Y / N
Are there any other medical issues or diagnoses we should be aware of (eg. allergies/prescriptions)?	

Other Information continued…			
If yes, please give details below.			
Does the student have a social worker?			Y / N
If yes, please give details below.			
Name:			
Email:		Phone:	
Are there any family circumstances we should be aware of?			
Does the student have any other additional needs we should be aware of?			

	KS2 data	KS3 data	Current grade	Working at	Exam board
English Language					
English Literature					
Maths					

For English Literature, please indicate below what books the student is studying, and circle details of progress as appropriate. This helps to ensure that there is efficient overlap of studies and that students are fully prepared for their exams.

	Name of text	Already studied	To study in school	To study at LVLC
19th Century Novel		Y / N	Y / N	Y / N
Shakespeare		Y / N	Y / N	Y / N
Modern Prose/Drama		Y / N	Y / N	Y / N
Poetry Cluster		Y / N	Y / N	Y / N

Reason for attending Impact/Expected Outcomes

Student Risk Assessment				
Area of Risk	Level of risk			Further details and action to minimise risk
	Low	Medium	High	
Verbal aggression				
Physical aggression				
Knife crime				
Gang affiliation				
Wandering off/ absconding				
Offending behaviour				
Self-harming behaviour				
Medical issues				
Substance/drug misuse				
Sexualised behaviour towards other children				
Allegations				
Problems when transporting child				
Other:				
Activities to be avoided:				
Communication needs				
Comments				

Signed		**Role**	
Date of Referral	/ /		

Office use only		
	Actioned By	Date
Admissions		
Arbor		
Teacher 2 Parents		
Microsoft Teams		