**SECTION ONE - STUDENT DETAILS**

***Questions in bold must be answered***

*Anonymous referral to an Inclusion Forum are accepted.*

**1.1. Date of Referral.**

Click or tap to enter a date.

* 1. **Type of Referral**

**Inclusion Forum Discussion**

**Tier 1 Advice and Guidance**

**Tier 2 – In school support**

**Tier 3 – part time provision**

**Tier 4 Full time P’Management**

**Following a permanent exclusion**

**Managed Move**

**Fair Access**

**1.3. What you hope to get from this referral?**

Choose an item.

**1.4. Why do you need to refer this young person? What is the reason for this referral?**

Click or tap here to enter text.

* 1. Student’s surname

Click or tap here to enter text.

* 1. First name

Click or tap here to enter text.

1.7. Referring school name.

Click or tap here to enter text.

*Student identifiers. In order to track cases we* ***ask for the date of birth even for students where you require anonymity.***

* 1. UPN Click or tap here to enter text.
  2. UCN Click or tap here to enter text.
  3. ULN Click or tap here to enter text.
  4. **Date of birth**

Click or tap here to enter text.

* 1. **Student’s current year group**

Click or tap here to enter text.

* 1. **Date of student’s most recent attendance at school**

Click or tap here to enter text.

* 1. **Student’s percentage attendance for the last complete term prior to this referral**

Click or tap here to enter text.

* 1. What additional steps has the school taken to improve the student’s attendance

None

modifications to pastoral arrangements in school to give additional support eg mentor, home school contact, meeting at school gates etc.

curriculum and timetable modifications eg RAG timetable, small teaching groups,

additional provision eg lunch clubs, circle of friends, Forest Schools

school rewards and sanctions

referral to LA Inclusion Service

initiating legal proceedings

* 1. Name of person with parental responsibility

Click or tap here to enter text.

* 1. Student’s home address

Click or tap here to enter text.

* 1. Home telephone number

* 1. Email contact

Click or tap here to enter text.

* 1. Any other contact information you think the Partnership might need

Click or tap here to enter text.

* 1. Gender

Male Female

Non binary  prefer not to say

* 1. Ethnicity

Asian or Asian British  Black, Black British, Black Caribbean or Africa

Mixed or multi ethnic groups

White  Other Ethnic Groups

Information withheld

* 1. Doctor details

Click or tap here to enter text.

* 1. Any additional medical needs that the Partnership will need to be aware of?

Click or tap here to enter text.

* 1. **Is the student’s current address within the county of Leicestershire?**

**Yes**

**No**

* 1. Is the student’s current home address in  The City of Leicester

Another LA - please tell us the LA area

Click or tap here to enter text.

* 1. **Entitled to**

**Free School Meals**

**Pupil Premium**

**Pupil Premium Plus**

* 1. **Looked After Child**

**Yes**

**If yes please answer the next three questions, if not go to question 1.25**

* 1. Designated teacher for LAC / CinC at the school

Click or tap here to enter text.

* 1. Give details of the Virtual School responsible for the child **including name and contact details of key personnel** supporting the child.

Click or tap here to enter text.

* 1. Date of the next PEP meeting for the student

Click or tap here to enter text.

* 1. **Are there any statutory Safeguarding Plans in Place? Are there any safeguarding concerns held on file?**

**School has made referral but no action to date**

**A Child in Need Plan is in place**

**A Child Protection Plan is in place**

**The School has one or more “notes on file” re Safeguarding that it will need to discuss with the Partnership**

*SEND Questions follow. Link to SENA resources is available at*

[*https://resources.leicestershire.gov.uk/education-and-children/special-educational-needs-and-disability/support-for-schools/assessment-of-sen-sena*](https://resources.leicestershire.gov.uk/education-and-children/special-educational-needs-and-disability/support-for-schools/assessment-of-sen-sena)

* 1. **SEND status of the student. *Check all that apply***

**None**

**School Register**

**The School has applied for (but not yet received) Inclusion Funding from SENA (sometimes known as Top Up Funding)**

**The School is receiving additional Inclusion Funding from SENA**

**Formal assessment for an EHCP is being considered**

**Formal assessment is underway**

**The student has an EHCP without additional funding**

**The student has an EHCP with additional funding**

* 1. Current annual SENA funding for the student

Click or tap here to enter text.

* 1. **Is there a current SEND plan for the student? *(if checked please submit the plan with this referral)***

**Yes**

* 1. **Broad area of SEN for the student**

**Communication and Interaction**

**Cognition and Learning**

**Social, emotional and mental health**

**Sensory and / or physical needs**

*Questions on the involvement of other agencies follow. Please check all that apply and give contact details*

* 1. **Tick agencies involved with the student and add key contact details**

CAMHS Click or tap here to enter text.

Social Care Click or tap here to enter text.

Local Authority Inclusion Team Click or tap here to enter text.

LA Specialist Teaching Service Click or tap here to enter text.

LA Autism Outreach Team Click or tap here to enter text.

LA Children and Families Wellbeing Service Click or tap here to enter text.

Paediatrician Click or tap here to enter text.

GP Click or tap here to enter text.

Youth Offending Service Click or tap here to enter text.

Police Click or tap here to enter text. *Please note we ask a question about any current police involvement in Section 4*

Other

* 1. If you have checked Other above please give full details of the agencies or services involved including key contact details

Click or tap here to enter text.

*Questions on Schools and attendance follow. We ask for an attendance print out to be submitted with the completed referral form*

* 1. **Student’s last known Primary School**

Click or tap here to enter text.

* 1. **Has the student attended any secondary school other than the current one**

**Yes *please give details in next questions***

* 1. Name(s) of previous secondary schools

Click or tap here to enter text.

* 1. Reasons for moving schools

Click or tap here to enter text.

**SECTION TWO – SCHOOL LINKS FOR THE REFERRAL**

**2.1. Partnership you are making this referral to?**

Choose an item.

**2.4. Has the referral been approved by a senior member of staff and is the SENDCO aware?  Yes**

**2.5. Name of the member of staff who will be the key contact for the referral.**

Click or tap here to enter text.

**2.6. Key contact staff member email contact.**

Click or tap here to enter text.

**2.7. Key contact staff member telephone contact.**

Click or tap here to enter text.

**2.8. What type of referral is this?**

**A concern about low attendance and engagement**

**A concern about semh issue underpinning poor behaviour in school**

**A concern that ongoing poor behaviour is putting the student’s place at school at risk**

**A serious “one of incident” that the school is compelled to react to**

**A Permanent Exclusion**

**Other**

2.10. If you ticked “other” in question 2.8 please tell us what the “other” reason for your referral is.

Click or tap here to enter text.

2.11 Date(s) of all previous referrals for this student to an IF or other meeting of the Partnership.

Click or tap here to enter text.

*Parental consent*

*A template for the parent consent form is at* <https://www.leicsseips.org/forms-and-templates> *along with a privacy notice that should be passed to parents*

**2.13. Has Parental Consent been secured for this referral?**

Yes – a copy of the consent form will be submitted with this referral

No – we seek an anonymous discussion at an Inclusion Forum

**SECTION 3 STUDENT EDUCATION PROFILE**

*Reading Ages etc.*

*Schools use a variety of ways to measure reading and spelling ages. Please add any text to your answer if it needs further explanation. If the school does not have these scores please enter “none available”.*

**3.1. Current reading age?**

**Click or tap here to enter text.**

**3.2 Current spelling age?**

**Click or tap here to enter text.**

**SECTION 3A - FOR KEY STAGE THREE STUDENTS**

3.4. Select current performance in English.

Choose an item.

3.5. Select current performance in Maths.

Choose an item.

**SECTION 3B – FOR KEY STAGE FOUR STUDENTS**

3.6. “GCSE currently working at” grades and judgment **of current performance** in English.

Choose an item. Choose an item.

3.7. “GCSE currently working at” grades and judgment of current performance in in Maths.

Choose an item. Choose an item.

3.8. “GCSE currently working at” grades and judgment of current performance in in Science.

Choose an item. Choose an item.

3.9. Do you envisage that this referral may lead to the child being programme managed (Tier 4) for part or all of the time by the Partnership

Yes – *if you ticked go to 3.10*

No – *if you ticked go to Section 4*

3.10 Exam Board for English.

Choose an item.

3.11. Exam Board for Maths

Choose an item.

3.12. Exam Board for Science

Choose an item.

3.13. Other GCSE courses studied by the student

Art

Resistant Materials

French

Spanish

German

PE

Business Studies

Economics

Textiles

Food Technology

Dance

Drama

Geography

History

Citizenship

Film Studies

Psychology

Sociology

3.14. Describe any other current options, alternative provision placements or special timetable arrangements for this student

Click or tap here to enter text.

3.15. Have you applied for exam concessions for this student?

**SECTION 4 STUDENT’s ADDITIONAL NEEDS**

*Student Suspensions*

4.1. Number of days that student has been suspended from school.

Click or tap here to enter text.

4.2. How many separate incidents of suspension has the student received?

Click or tap here to enter text.

4.3. is there any current police involvement with the student?

Yes *- if ticked go to 4.4*

4.4. Please give brief details

Click or tap here to enter text.

4.5. Is the school aware of any of the following issues impacting on the student? *(tick all that apply)*

Domestic Violence

Substance Misuse

Mental Health concerns

*We aim to include all the terms that are currently used in schools when seeking to explain a student’s behaviour and additional needs. Chose a “best fit” statement. Please include any further terms you use in 4.32*

4.6. Please select from the drop down list to best describe the school’s view of the student in relation to ADHD.

The school has formed an internal view that this categorisation is correct

4.7. ODD.

Choose an item.

4.8. Anxiety.

Choose an item.

4.9 ASD.

Choose an item.

4.10. Dyslexia.

Choose an item.

4.11. Dyspraxia.

Choose an item.

4.12. Dyscalculia.

Choose an item.

4.13. Attachment issues.

Choose an item.

*We ask you to complete the Mc Sherry Doyle*

*Readiness for Reintegration Scale. This enables you to describe the behaviours that have been an issue.*

*Download the Mc Sherry Doyle from*

[*https://www.leicsseips.org/making-a-referral*](https://www.leicsseips.org/making-a-referral)

*and submit with other documents.*

**4.14. Please complete the McSherry Doyle Readiness for Reintegration Scale**

4.15. Please add any further details that help explain the student’s needs. Use this to let us know of any other issue and / or adverse childhood experience / significant trauma affecting the student that you have not already included. We welcome as full a picture of the student and his or her needs as you can give us. Section 5 gives you an opportunity to tell us about strategies you have tried and what has worked well.

Click or tap here to enter text.

**SECTION 5 PLANS AND GOALS**

*Leicestershire SENA guidance on Providing for the needs of children and young people with SEND is a very useful tool for auditing any provision that you are currently making in school. The semh document is especially relevant.*

[*https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2019/5/1/semh\_guidance\_leicestershire\_2019.pdf*](https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2019/5/1/semh_guidance_leicestershire_2019.pdf)

*A checklist of actions that you may have taken in school is also available in the RF Advice document at* [*https://www.leicsseips.org/making-a-referral*](https://www.leicsseips.org/making-a-referral)

**5.1. What strategies have you used in school with the student that you think have worked well? Please give as much detail as you can.**

Click or tap here to enter text.

**5.2. What strategies have you used in school with the student that you think have not been effective? Please give as much detail as you can**

Click or tap here to enter text.

**SECTION 6 CHECKLIST OF ADDITIONAL DOCUMENTS**

*Further documents that we require with all Referrals are listed in bold. Others listed are needed if you are seeking Tier 4 Programme Management*

*(SEIPS recommended consent forms are available at the web site at* [*https://www.leicsseips.org/forms-and-templates*](https://www.leicsseips.org/forms-and-templates)*) (This is not required if you are making an anonymous Inclusion Forum referral)*

**6.3. Check documents attached to this referral.**

**Mc Sherry Doyle student assessment**

**Attendance report showing attendance from the start of the previous term upto this referral**

**SEND Plan or equivalent Student based action plan and / or Inclusion Forum Action Plan Review *(if you have made a previous referral to an IF)***

**Copy of signed Parental Consent Form (unless IF anonymous discussion),**

Most recent school report

Completed SDQ assessment from teacher, parent and student

Current timetable

Risk Assessment *(form available at SEIPS web site at* [*https://www.leicsseips.org/forms-and-templates*](https://www.leicsseips.org/forms-and-templates)*)*

Behaviour Log

Any recent EP, CAMHS and similar reports

Exam Concessions documentation

Other

**For LNCIP referrals for full or part time programme management you must submit a**  valid PO number for the student’s funding (AWPU, PP, EHCP) should be sent to the Partnership along with the Referral form. The PO should be from the date of referral, and for the rest of the academic year. We are unable to accept new students without having a purchase order number first.

***Details for submitting the form are in the next section.***

**SECTION 7 COMMISSIONING AGREEMENT BETWEEN SCHOOL AND LOCAL SEIP**

*We strongly recommend that Schools check their internal arrangements against the Commissioning Agreement.*

*Schools should have commissioning agreements in place with any APs that they use independently.* *Sample form at* [*https://www.leicsseips.org/aps-advice-to-schools*](https://www.leicsseips.org/aps-advice-to-schools)

*Schools should use this Referral and Commissioning Form and the Education Plan supplied by the SEIP as clear evidence that any students placed in programmes managed by the SEIP continue to be well supported. Recent Ofsted Inspections have been concerned to check that our Leicestershire processes robustly safeguard and secure progress for students at SEIPS and APs.*

7.1. This is a Commissioning Agreement between the school and local SEIP. It confirms that the following will be in place:

7.2. When a Referral has been accepted by the local SEIP in line with its decision-making systems **the school will**:

7.2.1. Ensure that it is clear on the nature of the intervention, its objectives and the timeline to achieve these objectives.

7.2.2. Participate in regular reviews of progress of the student.

7.2.3. Actively scrutinise the education plan made by the SEIP on the school’s behalf, accepting the accountability rests with the school.

7.2.4. Ensure school staff regularly visit the student in each setting used.

7.2.5. Ensure that school staff check attendance information made available by the SEIP and follow up any lapses in attendance as for any other on roll student.

7.2.6. Ensure that systems for alternative providers and the SEIP to contact the school re Safeguarding issues are robust and ensure a speedy response.

7.2.7. Ensure that the school complies with the DFE Exclusion Guidance especially in relation to “off Site Direction”.

7.2.8. Agree with the SEIP a procedure to be followed in the event of a student needing to be suspended from a SEIP or AP.

7.3. **The SEIP will:**

7.3.1. Following the acceptance of a referral, prepare the education plan. This will include the provision to be used, objectives, timeline to achieve those objectives and review dates.

7.3.2. Ensure that the information in 1 is communicated to the school, parents, and student.

7.3.3. Commission all external alternative provision that will be used in the programme, ensuring that a commissioning agreement is in place for each student with each provider.

7.3.4. Regularly monitor students at all their settings.

7.3.5. Participate with other SEIPS in carrying out quality assurance of all alternative settings used and participate in the arrangements for an annual audit of all providers by LEBC.

7.3.6. Convene regular reviews with school staff.

7.3.7. Act as the DSL for any safeguarding issues that arise but ensure that school DSL is kept informed.

7.3.8. Work within the procedure agreed with the school should a student suspension become necessary.

***By submitting this referral form you are accepting the Commissioning Agreement***

**SECTION 8 SEND IT TO US**

*Email contacts for the five Partnerships are at* [*https://www.leicsseips.org/about\_us*](https://www.leicsseips.org/about_us)

*Please use the admin contacts.*

*The form must be returned securely.*

*Guidance on using Egress secure emails is at* [*https://www.leicsseips.org/forms-and-templates*](https://www.leicsseips.org/forms-and-templates)*. The Partnerships have access to the Leicestershire Anycomms Secure File transfer system.*

*If you have not heard back from us within three days of submission please contact the Partnership Co-ordinator*