

Respite & Intervention Referral Form

Please complete the referral form and include all the relevant documents.
The most recent IEP/School Report is essential.

School Information:

School Name	
School Contact	
Telephone Number	
E-mail address	
SENCO contact details	
School Pastoral details	

Child's Details

Forename	
Preferred Name	
Surname	
DOB	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Year Group:	FSM: Yes <input type="checkbox"/> No <input type="checkbox"/>
Pupil Premium: Yes <input type="checkbox"/> No <input type="checkbox"/>	Armed Forces: Yes <input type="checkbox"/> No <input type="checkbox"/>
UPN:	ULN:

<p>Ethnicity: Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/></p> <p>Black, Black British, Caribbean or African Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black, Black British, or Caribbean background <input type="checkbox"/></p> <p>Mixed or multiple ethnic groups White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/></p>	<p>White and Asian <input type="checkbox"/> Any other Mixed or multiple ethnic background <input type="checkbox"/></p> <p>White English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background <input type="checkbox"/></p> <p>Other ethnic group Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/></p>
Religion:	
Language:	

Parent/Carers Details:

Forename	
Preferred Name	
Surname	
Relationship to child	
Contact Number	
E-mail address	
Home address	Postcode:
Does the child reside at the same address? If not, please confirm address below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home address	Postcode:

Referral Information:

Reason for Referral:	
Strategies used to date. Please also include student response:	
Intervention requirements:	
Has a risk assessment plan been devised and implemented? If so, please attach document.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a risk management plan been carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has the pupil been excluded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the pupil had multiple exclusions? If so, please state how many.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Attendance:

Attendance at point of referral:	%
Is the EWO involved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Concerns regarding attendance:	

Education:

	English	Maths	Science
End of KS2			
End of KS3			
Current Levels	English	Maths	Science

--	--	--	--

Current Curriculum Offer	Subject	Board	Grade

EHCP: Yes <input type="checkbox"/> No <input type="checkbox"/>

External Agencies Involved:

LAC: Yes <input type="checkbox"/> No <input type="checkbox"/>	Child Protection Register: Yes <input type="checkbox"/> No <input type="checkbox"/>
Care Order: Yes <input type="checkbox"/> No <input type="checkbox"/>	CAF: Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Is this young person known to have gang affiliations or criminal exploitation concerns: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please give an accurate overview:</p>

SW	Name: Contact Number: E-mail address:
YOT	Name: Contact Number: E-mail address:
CAMHS	Name: Contact Number: E-mail address:
Educational Psychologist	Name: Contact Number: E-mail address:
Other	Name: Contact Number: E-mail address:

<p>Please give an accurate overview of the reasons for agency involvement:</p>

Any other factors that may have contributed to the child's present difficulties:

Additional Comments:

Signatures:

Parent / Guardian:

Signed: _____ Print Name: _____

I have read and discussed this completed referral form and agree to it being forwarded to The Pavilion for consideration.

If this referral is accepted, the school will continue to be responsible for jointly working with the teaching team to plan for and meet the needs of the student. Your school will be invoiced retrospectively on a half-termly basis for the value of the pupil premium funding where this applies.

If accepted the student will be placed on dual roll. Under no circumstances can the student be removed from the referring school roll.

Outstanding Parent Debt Responsibility

Where a pupil is referred to the Pavilion and subsequently returns to their home school or any other school with any outstanding ParentPay or service-related debt accrued during the placement, the referring school agrees to take full responsibility for settling any unpaid balance directly with the Pavilion.

Head Teacher:

Date: