SPORTING STARS REFERRAL FORM

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| REFERRED BY- | | | | | | | | | | | | | | | | | |
| School: | | | | Contact Name: | | | | | | | | Position: | | | | | |
| Contact Number: | | | | Email Address: | | | | | | | | Date: | | | | | |
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| FORM COMPLETION  Please note that all sections of this form must be complete. If a section is not applicable put n/a. If there are exceptional circumstances which mean the form cannot be completed in full e.g. the child has been in school for less than six weeks, please indicate these circumstances below. | | | | | | | | | | | | | | | | |
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| STUDENT’S PERSONAL DETAILS- | | | | | | | | | | | | | | | | |
| Surname: | | | |  | | | | | Forenames: | | |  | | | | |
| Date Of Birth: | | | |  | | | | | Gender: | | |  | | | | |
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| Year Group: | | | |  | | | | | Looked After Child: | | |  | | | | |
| UPN Number: | | | |  | | | | | Entitled To Free School Meals: | | |  | | | | |
| UCI Number: | | | |  | | | | |  | | | | | | | |
| ULN Number: | | | |  | | | | |
| Permanent Home Address: | | | | | | | | | | | | | | | | |
| Parents / Guardians / Carer- | | | | | | | | | | | | | | | | |
| Father: | | | |  | | | | | Phone Number: | | |  | | | | |
| Mother: | | | |  | | | | | Phone Number: | | |  | | | | |
| Guardian / Carer: | | | |  | | | | | Phone Number: | | |  | | | | |
| Email 1: | | | |  | | | | | | | | | | | | |
| Email 2: | | | |  | | | | | | | | | | | | |
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| Full names & contact details of others with Parental Responsibility: | | | | | | | | | | | | | | | | |
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| 1st Spoken Language: | | | | 2nd Spoken Language: | | | | | Interpreter Required: | | | | | | | |
|  | | | |  | | | | | Yes/ No | | | | | | | |
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| White | | Mixed | | | | Asian or Asian British | | | Black or Black British | | Chinese | | | Other Ethnic Group | | |
| British |  | White & Black Caribbean | | |  | Indian | |  | Caribbean |  | Chinese | |  |  | |  |
| Irish |  | White & Black African | | |  | Pakistani | |  | Other Black Background |  |  | | | | | |
| Traveller of Irish Heritage |  | White & Asian | | |  | Bangladeshi | |  |  | | | | | | | |
| Gypsy / Roma |  | Other Mixed Background | | |  | Other Asian Background | |  |  | | | | | | | |
| Additional Details- | | | | | | | | | | | | | | | | |
| Medical Conditions: | | | | | | | | | | | | | | | | |
| Allergies / Dietary: | | | | | | | | | | | | | | | | |
| Dr Name & GP Practice: | | | | | | | | | | | | | | | | |
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| KEY ISSUES AND STRATEGIES IN PLACE: | | | | | | | | | | | | | | | | |
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| Key Issue 1- | | | | | | | | | | | | | | | | |
| Key presenting behaviours and needs (e.g. assaults other children): | | | |  | | | | | | | | | | | | |
| Causes / triggers if known: | | | |  | | | | | | | | | | | | |
| Agencies involved if known: | | | |  | | | | | | | | | | | | |
| Strategies tried: | | | |  | | | | | | | | | | | | |
| Date strategy started: | | | |  | | | | | | | | | | | | |
| Outcomes: | | | |  | | | | | | | | | | | | |
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| Key Issue 2- | | | | | | | | | | | | | | | | |
| Key presenting behaviours and needs (e.g. assaults other children): | | | |  | | | | | | | | | | | | |
| Causes / triggers if known: | | | |  | | | | | | | | | | | | |
| Agencies involved if known: | | | |  | | | | | | | | | | | | |
| Strategies tried: | | | |  | | | | | | | | | | | | |
| Date strategy started: | | | |  | | | | | | | | | | | | |
| Outcomes: | | | |  | | | | | | | | | | | | |
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| Key Issue 3- | | | | | | | | | | | | | | | | |
| Key presenting behaviours and needs (e.g. assaults other children): | | | |  | | | | | | | | | | | | |
| Causes / triggers if known: | | | |  | | | | | | | | | | | | |
| Agencies involved if known: | | | |  | | | | | | | | | | | | |
| Strategies tried: | | | |  | | | | | | | | | | | | |
| Date strategy started: | | | |  | | | | | | | | | | | | |
| Outcomes: | | | |  | | | | | | | | | | | | |
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| SEND- | | | | | | | | | | | | | | | | |
| Is the young person on the SEND Register? Yes/No  If yes, please attach pupil passport and state level of support (please tick as appropriate) | | | | | | | | | | | | | | | | |
| School SEND Support | | |  |  | | | | | | | | | | | | |
| Request for EHC assessment | | |  | Date Submitted | | | | |  | | | | | | | |
| Proposed EHCP | | |  | Projected completion date | | | | |  | | | | | | | |
| Completed EHCP | | |  | Date completed | | | | |  | | | | | | | |
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| If completed EHCP please state how many hours if applicable: | | | | | | | | | | | | HRS | | | | |
| SEMH | | | | | | |  | | PMLD | | | | | |  | |
| MLD | | | | | | |  | | SPLD | | | | | |  | |
| SLD | | | | | | |  | | ASD | | | | | |  | |
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| Multi Agency Involvement- | | | | | | | | | | | | | | | | |
| List any other service / agency that is involved e.g. Educational Psychology, Social Care, YISS/YOT, SENSS, CAMHS, Education Welfare Service, Speech Therapy etc. | | | | | | | | | | | | | | | | |
| Agency | | | | Key Contact | | | | | Telephone Number | | | Date and type of involvement  (e.g. CIN, CP) | | | | |
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| Has a CAF / Early Help been completed? | | | | | | | | | | | | | | | | |
| On this child | | | | | | | | | Date: | | | | | | | |
| On another child in the family | | | | | | | | | Date: | | | | | | | |
| Is the CAF / Early Help active? | | | | | | | | | | | | | | | | |
| Name of Lead Professional: | | | | | | | | | Contact Details: | | | | | | | |
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| Attendance- | | | | | | | | | | | | | | | | |
| Attendance for the last 12 months | | | |  | | | | | Unauthorised absence | | |  | | | | |
| Please attach a summary of all attendance for the period of time this child has been in your school | | | | | | | | | | | | | | | | |
| Are Education Welfare Services involved?  If yes, who is the EWO? | | | | | | | | | | | | | | | | |
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| Exclusions/Behaviour Log - | | | | | | | | | | | | | | | | |
| Please attach a copy of the student’s behaviour/conduct log, including details of fixed term suspensions and permanent exclusions | | | | | | | | | | | | | | | | |
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| Previous Schools Attended- | | | | | | | | | | | | | | | | |
| School Attended: | | | | | | | | | | | | Date: | | | | |
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| Academic Performance / Progress- | | | | | | | | | | | | | | | | |
| Subject: | | | | | | KS2 Results: | | | | | KS3 Results: | | | | | |
| Maths | | | | | |  | | | | |  | | | | | |
| English | | | | | |  | | | | |  | | | | | |
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| Current Attainment- | | | | | | | | | | | | | | | | |
| Subject: | | | | Current Grade: | | | | | Expected Grade: | | | | | | | |
| Maths | | | |  | | | | |  | | | | | | | |
| English | | | |  | | | | |  | | | | | | | |
| Science | | | |  | | | | |  | | | | | | | |
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| Initial Risk Assessment:  (Please attach risk assessment if applicable) | | | |
| **POTENTIAL HAZARD** | **LOW / MEDIUM / HIGH** | **COMMENT** | **ACTION / PLANNING** |
| **Risk to themselves** |  |  |  |
| **Risk to others** |  |  |  |
| **Travel**  Boarding / disembarking. Seatbelts not fastened, horse play during transport |  |  |  |
| **Off Site**  Wandering away from group  Violence and aggression  Vandalism |  |  |  |
| **Health**  Medical conditions  Existing Injuries |  |  |  |
| **Family**  Is it safe to invite family to relevant sessions related to education?  Is it safe to visit the family home?  Is it safe to transport the family to and from educational visits? |  |  |  |
| Anything else that may cause concern? |  |  |  |
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| School Request For Support / Intervention- | | | |
| For how many days per week do you want Alternative Provision? | | |  |
| For how long do you want the placement: | | |  |
| Is this a request for a Managed Move? | | |  |
| What qualifications are you hoping to achieve for this young person? | | | |
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| Does this young person have any emotional, social or behavioural objectives that need to be addressed? | | | |
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| Any additional information relevant to this referral? | | | |
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| Should transport be required for this young person to access agreed AP – the school agrees to meet the cost. | | | |
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| Staff Signature: | | | Date: |