SPORTING STARS REFERRAL FORM

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| REFERRED BY- |
| School:  | Contact Name:  | Position:  |
| Contact Number:  | Email Address: | Date: |
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| FORM COMPLETIONPlease 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: |  |
|  |
| 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:  |  |
|  |  |  |  |
| Full names & contact details of others with Parental Responsibility: |
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| 1st Spoken Language: | 2nd Spoken Language: | Interpreter Required: |
|  |  |  Yes/ No |
|  |
| 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: |  |
|  |
| 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/NoIf 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 |  |
|  |
| 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 groupViolence and aggressionVandalism |  |  |  |
| **Health**Medical conditionsExisting 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: |