**The Rosewood School – Referral Form 2023/2024**

**WHEN MAKING A REFERRAL TO THE ROSEWOOD SCHOOL PLEASE ENSURE YOU GO BACK TO THE WEBSITE AND USE THE MOST UP TO DATE FORM.**

**DO NOT REUSE AN OLD FORM -** [**https://trs.kent.sch.uk/referrals/referrals-and-panel/**](https://trs.kent.sch.uk/referrals/referrals-and-panel/)

Please ensure that you send the following supporting information to us in addition to the completed referral form. Use the tick list below to double check that you have included the information as requested.

 **If you do not supply ALL of the mandatory information at the time of referral there will be a delay in the referral being taken to our referral panel.**

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| **Supporting evidence required (mandatory)** | **Evidence supplied** |
| Evidence of formal medical diagnosis | Yes [ ]  |
| Behaviour log | Yes [ ]   |
| Recent school report | Yes [ ]   |
| Attendance reports (current and previous academic year) | Yes [ ]   |
| Evidence of access arrangements (if pupil is eligible) | Yes [ ]   |
| Safeguarding evidence (refer to SG and known risks section)  | Yes [ ]   |

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| Pupil Legal Surname |  | Pupil Legal Forename(s) |  | UPN |  |
| Preferred Surname |  | Preferred Forename(s) |  | ULN |  |
| Date of BirthYear Group | **DOB:** | Sex at Birth |  | Identified gender |  |
| **Year Group:** |
| Referral date |  | Nationality |  | NHS no. |  |
| Name of organisation making referral |  | Telephone number and extension number |  | Name and role of referrer |  |
| Email address of referrer |  |
| Name of SENCO |  | Email address of SENCO |  | Telephone number of SENCO |  |
| Name of DSL |  | Email of DSL |  | Telephone number of DSL |  |
| Name of Finance or Business Manager |  | Email address of school Finance/Business Manager |  |  |  |
| Current attendance % |  | Last Year’s attendance % |  | Date pupil was last in school |  | Attendance to lessons or 1:1? |  |
| Pupil’s address line 1 |  |
| Pupil’s address line 2  |   | Post Code |  |
| Local Borough in which the pupil currently resides (e.g. Swale) |  | Last primary school attended |  |

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| **Parent/Carer details – Please include full details for 2 contacts:**  |
|  | Contact 1: |  | Contact 2: |
| Full Names, including Title |  | Full Names, including Title |  |
| Relationship/ Legal Status |  | Relationship/ Legal Status |  |
| Home Address | *If different to pupil;* | Home Address | *If different to pupil;* |
| Postcode |  | Postcode |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |

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| **Why are you referring this pupil to TRS** |
| Why is the pupil unable to attend their school - a narrative is required here to support the panel when decision making; the narrative should include the reasons for not being able to attend school. For example, if the pupil suffers from anxiety, then explain why and what has led to this. |  |
| Detail of support strategies that school has implemented to engage the pupil and support inclusion. | **Date** | **Details of Support** | **Level of Success** |
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| What are the complicating factors (if any)? E.g poverty, drug/alcohol issues, history of social services involvement with the family, parental physical/mental health needs, EAL. |  |
| Detail of any support provided by external agencies to support engagement with the school e.g. Mental Health professionals, Educational Psychologist, Health Professionals, Social Services etc.  |  |
| Reasons for any exclusions or referral to IYFA e.g managed move. |  |
| Has the pupil been referred to LIFT? Or for STLS support? If yes, state the outcomes.  |  |
| If the pupil you are referring is in year 11 please identify their choice of post 16 option – e.g current school’s 6th form, college etc. |  |
| The service is short term with an emphasis on re-integration. This allows us to support all Kent schools. Please ensure you manage expectations of parents and pupils when referring, and identify here how you will remain in contact with the pupil. For example – you will encourage the pupil to attend your school 1 day a week or send a key worker to TRS to meet with the pupil fortnightly or a teacher to support an option subject etc.  |  |
| Can you provide the name of a mentor or point of contact for the pupil to support reintegration as outlined above | **Name and role of contact:** |
| **Email address of contact:** |
| School – please outline what provision you are hoping for with this referral | 1. **Referral to one of The Rosewood Schools**
 | [ ]  |
| 1. **Referral to Primary Remote Provision**
 | [ ]  |
| 1. **Remote learning – Secondary**
 | [ ]  |
| 1. **Outreach support with a view to integrate to one of The Rosewood Schools**
 | [ ]  |
| 1. **Outreach support with a view to integrate back to the referring/home school**
 | [ ]  |

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| Parent/Carer consent | *The pupil and parents/carers must be fully aware that this referral is being made and that personal and sensitive information will be shared with TRS. We may on occasion have the need to receive, store and share records containing the medical information of the pupil. We would like their consent to share relevant records, such as reports, summaries, etc. (Clinician notes, letters, GP medical notes, SEND information and documentation) with other organisations such as (health care providers, schools, police, GP, any other internal/external service provider involved in the support or care of the pupil etc.). All information will be shared with professionals who attend panel. We will ensure that all data is processed fairly and that no more information is transferred or held than is necessary to ensure that the pupil’s needs are met and to arrange for continuity of education during their recovery.*  | Has parent/carer consent been obtained?Please delete as appropriate:**Yes/No****Date:**  |

**Monitored Groups – please answer Y/N in each section:**

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| --- | --- | --- | --- |
| Currently under Child Protection | Yes [ ]  No [ ]  | SEN Support  | Yes [ ]  No [ ]  |
| Previously under Child Protection  | Yes [ ]  No [ ]  | EHCP | Yes [ ]  No [ ]  |
| Child in Need | Yes [ ]  No [ ]  | EHCP started | Yes [ ]  No [ ]  |
| Previously under Child in Need | Yes [ ]  No [ ]  | HNF  | Yes [ ]  No [ ]  |
| Looked After Child (CiC) | Yes [ ]  No [ ]  | HNF application started | Yes [ ]  No [ ]  |
| Previously LAC (CiC) | Yes [ ]  No [ ]  | Pupil Premium | Yes [ ]  No [ ]  |
| Private fostering arrangement | Yes [ ]  No [ ]  | Request for Support currently open  | Yes [ ]  No [ ]  |
| Currently open to Early Help | Yes [ ]  No [ ]  | Young Carer | Yes [ ]  No [ ]  |
| Previously open to Early Help | Yes [ ]  No [ ]  |  |  |

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| Pupil Premium | *TRS will monitor and provide for those pupils entitled to Pupil Premium during the time they are registered with our school. It is therefore, expected that the current education providers receiving this funding will transfer pro-rata balances to our control. Further information will be provided should the pupil become dual registered at TRS* |
| Examinations | *Pupils on remote provision - The home school will need to make all exam entries and provide suitable invigilation arrangements. If necessary they must also ensure invigilation takes place in the home of the pupil, who may not be able to physically attend their home school.**Pupils attending the Leybourne or Canterbury school - TRS will enter pupils under the following awarding bodies for examinations –* ***English Language – AQA, Science – Edexcel (combined or separate), Mathematics – Edexcel****. Examination costs will be reclaimed by TRS from the referring school. If a pupil arrives very late in the academic year and has had very good attendance in their home school then it is possible that the board can be changed in order that the pupil is not disadvantaged.* |

**Educational Information – This section MUST be completed:**

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| End of Key Stage 2 | English | Maths |
| Year 6 (SATs) |  |  |
| Year 6 (Teacher Assessed, if known) |  |  |
| Year 7 assessment scores e.g CATs |  |  |

**Professionals/Agencies involved with the pupil**

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| --- | --- | --- | --- | --- | --- |
| **Practitioner full name** | **Team/Organisation e.g CAMHS or Early Help** | **Contact details – email/tel no.** | **Has an assessment has been undertaken** | **Dates of any assessment (if applicable)** | **Comments/additional information if required e.g engages well, or has refused support** |
|  |  |  | Yes [ ]  No [ ]  N/A [ ]  |  |  |
|  |  |  | Yes [ ]  No [ ]  N/A [ ]  |  |  |
|  |  |  | Yes [ ]  No [ ]  N/A [ ]  |  |  |
|  |  |  | Yes [ ]  No [ ]  N/A [ ]  |  |  |
|  |  |  | Yes [ ]  No [ ]  N/A [ ]  |  |  |

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| **Supporting evidence required (if applicable)** |  |
| Evidence of involvement from other professionals e.g. Educational Psychologist, school nursing service etc. | Yes [ ]  No [ ]  |
| Individual Health Care Plan (IHCP) | Yes [ ]  No [ ]  |
| EHCP | Yes [ ]  No [ ]  |
| Pastoral support programme (PSP) | Yes [ ]  No [ ]  |
| Early help request for support | Yes [ ]  No [ ]  |
| School safety plan or risk assessment | Yes [ ]  No [ ]  |
| Communication with Attendance & Inclusion team | Yes [ ]  No [ ]  |

**SEN and Medical Needs**

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| SEN Needs | Please Tick | SEN Needs | Please Tick |
| ASC: Autistic Spectrum Condition |[ ]  PMLD: Profound and Multiple Learning Difficulties |[ ]
| HI: Hearing Impairment |[ ]  SEMH: Social, Emotional & Mental Health |[ ]
| MLD: Moderate Learning Difficulties |[ ]  SLCN: Speech, Language & Communications Needs |[ ]
| MSI: Multi-Sensory Impairment |[ ]  SLD: Severe Learning Difficulties |[ ]
| PD: Physical Disability |[ ]  SPLD: Specific Learning Difficulties |[ ]
|  VI: Visual Impairment |[ ]   |  |
| OTH: Other Difficulty/Disability |[ ]   |  |
| NSA: SEND support but no specialist assessment of need type |[ ]   |  |

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| Other specific identified needs: | Please Tick | Medical Needs | Please Tick |
| Attention Deficit & Hyperactivity Disorder |[ ]  Oncology |[ ]
| Anxiety & Depression |[ ]  Orthopaedics |[ ]
| Obsessive Compulsive Disorder |[ ]  Respiratory |[ ]
| Eating Disorder |[ ]  Diabetes |[ ]
| Post Traumatic Stress Disorder |[ ]  Cardiac |[ ]
| Psychosis |[ ]  Degenerative Illness |[ ]
| School Refusal |[ ]  Dermatology |[ ]
| Self Harm |[ ]  Gastroenterology  |[ ]
| Tourette’s Syndrome |[ ]  Haematology |[ ]
| Motor Tics |[ ]  Hepatology |[ ]
| Verbal Tics |[ ]  Nephrology |[ ]
| Psychiatric Other |[ ]  Neurology |[ ]
| Oppositional Defiance Disorder |[ ]  Allergies - Please state: |[ ]
| Chronic Fatigue Syndrome |[ ]  Other – Please state:  |[ ]
| Has the child been screened for ASC |[ ]   |  |

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| **Pupil/Parent Voice**  |
| *Please discuss the referral with the pupil/parent and provide a summary of their views on a potential placement at TRS. These views will be discussed at the referral meeting if a place is offered***Pupil voice:****Parent voice:** |

 **Safeguarding and known risks:**

If a pupil has been out of education for a prolonged period then we can offer outreach to support a placement at one of our schools. Please ensure any risks to our outreach team are outlined below:

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| **Safeguarding and known risks:** |  |
| Any known risks or concerns if visiting the home of the pupil? | Yes [ ]  No [ ] If yes, please supply details of concern: |
| Please do not outline any sensitive safeguarding information that we should be made aware of that requires consideration as part of this referral. Ensure the section to the right is filled in and contact is made with TRS DSL at the email address outlined below. If necessary please request a telephone conversation to discuss any SG risks/challenges that you are unable to fully document in the referral:safeguarding@trs.kent.sch.uk | Currently open to SCS - Yes [ ]  No [ ]  CP [ ]  CiN [ ]  Early Help [ ]  Social Worker [ ] Current C & F assessment from a S.47 [ ]  Other [ ]  |

**Headteacher’s Signature:**

Name: Signature:

Date:

*By signing this document you confirm that you have quality assured the content in the referral and agree to this referral. In addition, you agree to keep the pupil upon your school roll for the duration of any support offered to you from this dual-roll subsidiary school, you also agree to the collection of the pro-rata PP/Recovery funding for the child you are referring and any examination entry fees that we enter your pupil(s) for.*

**Do not scan this form, please email it in word format. Other documentation can be scanned if necessary:** **referrals@trs.kent.sch.uk**

**For your information the available outcomes from the panel meeting will be as follows, more detail on our provisions can be found at** [**www.trs.kent.sch.uk**](http://www.trs.kent.sch.uk) **:**

1. **Referral to one of The Rosewood Schools**
2. **Referral to Primary Remote Provision (only for immunocompromised or a physical ailment, which means they are unable to attend physical school)**
3. **Outreach support with a view to integrate to one of The Rosewood Schools**
4. **Outreach support with a view to integrate back to the referring/home school**
5. **Remote learning – please see offer, on our website under curriculum**
6. **Observation and Assessment – 2 week trial to establish whether need can be met**
7. **Declined due to inappropriate referral**
8. **Declined due to lack of detail on referral form preventing panel making a decision on outcome**

**Note – we do not offer tuition**

**FOR TRS STAFF USE ONLY.**

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| **Reason for re-referral to panel** | * **Concerns around closure**
* **Non-engagement**
* **Request change of provision**
* **Advice from panel**
* **Change in SEN status**
* **Extension of provision/support**
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| **Summary and chronology of TRS involvement/engagement of pupil:**  |
|                |
| **Summary of Home Schools input:** |
| **None** |

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| **Suggestion of way forward from re-referrer:** |
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| **Safeguarding information/concerns:** |
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| **Agencies involved in supporting pupil/family:** |
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| **Comments from AHT:** |
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| **Decision from panel:** |
| **Outcome:                                                Agreed by:                                                                     Date:** |

**Subsequent re-referrals to be added here if necessary.**

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 |
| **Summary and chronology of TRS involvement/engagement of pupil:**  |
|                |
| **Summary of Home Schools input:** |
| **None** |

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| **Suggestion of way forward from re-referrer:** |
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| **Safeguarding information/concerns:** |
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| **Agencies involved in supporting pupil/family:** |
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| **Comments from AHT:** |
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| **Decision from panel:** |
| **Outcome:                                                Agreed by:                                                                     Date:** |