**The Rosewood School – Referral Form 2021/2022**

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pupil Legal Surname |  | Preferred Surname |  | UPN |  |
| Legal Forename(s) |  | Preferred Forename(s) |  | ULN |  |
| Date of BirthYear Group |  | Sex at Birth |  | Identified gender |  |
| Referral date |  | Nationality |  | NHS no. |  |
| Name of organisation making referral |  | Telephone number and extension number |  | Name and role of referrerEmail address of referrer |  |
| Name of SENCO |  | Email address of SENCO |  | Telephone number of SENCO |  |
| Name of DSL |  | Email of DSL |  | Telephone number of DSL |  |
| Current 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 Authority in which the pupil currently resides (e.g. Swale) |  | Last primary school attended |  |

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| **Parent/Carer details** |
|  | 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, even after inclusion strategies have been implemented |  |
| Detail of support strategies that school has implemented to engage the pupil and support inclusion. |  |
| 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.  |  |
| School – please outline what provision you are hoping for with this referral (refer provision type at the end of document) |  |

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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** |

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

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

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

|  |  |  |
| --- | --- | --- |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Practitioner full name** | **Team/Organisation e.g CAMHS** | **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 [ ]  |  |  |

Please ensure that you send the following supporting information to us in addition to the completed referral form. Please use the tick list to double check that you have included the information as requested. If you do not supply the information requested this may delay the referral being taken to our referral panel.

|  |  |
| --- | --- |
| **Supporting evidence required (mandatory)** | **Evidence supplied** |
| Evidence of formal medical diagnosis | Yes [ ]  No [ ]  |
| Individual Health Care Plan (IHCP) | Yes [ ]  No [ ]  |
| Behaviour log | Yes [ ]  No [ ]  |
| Recent school report | Yes [ ]  No [ ]  |
| Attendance reports (current and previous academic year) | Yes [ ]  No [ ]  |
| Evidence of access arrangements, if pupil is eligible | Yes [ ]  No [ ]  |
| **Supporting evidence required (if applicable)** | Yes [ ]  No [ ]  |
| Evidence of involvement from other professionals e.g. Educational Psychologist, school nursing service etc. | 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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |[ ]   |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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:

|  |  |
| --- | --- |
| **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. | Currently open to SCS - Yes [ ]  No [ ]  CP [ ]  CiN [ ]  Early Help [ ]  Social Worker [ ] Current C & F assessment from a S.47 [ ]  Other [ ] If yes, please contact our safeguarding team for the attention of the DSL – safeguarding@trs.kent.sch.uk  |

**Head Teacher’s Signature:**

Name: Signature:

Date:

*By signing this document you agree to this referral and to keeping 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.*

**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:**

1. **Referral to one of The Rosewood Schools**
2. **Outreach support with a view to integrate to one of The Rosewood Schools**
3. **Outreach support with a view to integrate back to the referring/home school**
4. **Remote learning – please see offer, on our website under curriculum**
5. **Observation and Assessment – 2 week trial to establish whether need can be met**
6. **Declined due to inappropriate referral**
7. **Declined due to lack of detail on referral form preventing panel making a decision on outcome**

**Note – we do not offer tuition**