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

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| --- | --- | --- | --- | --- | --- |
| Pupil Legal Surname |  | Preferred Surname |  | UPN |  |
| Legal Forename(s) |  | Preferred Forename(s) |  | ULN |  |
| Date of BirthYear Group |  | Gender |  | Nationality |  |
| Local Authority in which the pupil currently resides |  | Identified Gender (if different from above) |  | NHS no. |  |
| Name of organisation making referral |  | Referral date |  | 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? |  |
| Telephone number  |  | Extension number  |  | Last primary school attended |  |
| Pupil’s Address: line 1 |  |
| Address line 2  |   | Post Code |  |

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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, please include documentation.  |  |

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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 every 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 ☐ | If yes – amount received  | £ |
| Young Carer | Yes ☐ No ☐ | HNF application started | Yes ☐ No ☐ |
| Early Help | Yes ☐ No ☐ | Pupil Premium | 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**

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| --- | --- | --- | --- |
| End of Key Stage 2 | English | Maths | Science |
| Year 6 (SATs if taken) |  |  |  |
| Year 6 (Teacher Assessed, if known) |  |  |  |

**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.

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| **Supporting evidence required (mandatory)** | **Evidence supplied** |
| Evidence of formal medical diagnosis | Yes ☐ |
| Individual Health Care Plan (IHCP) | Yes ☐ |
| Recent school report | Yes ☐ |
| Attendance reports (current and previous academic year) | Yes ☐ |
| Behaviour log | Yes ☐ |
| **Supporting evidence required (if applicable)** | **Evidence supplied – please answer Y/N in every section** |
| Pastoral support programme (PSP)  | Yes ☐ No ☐ |
| EHCP | Yes ☐ No ☐ |
| Evidence of involvement from other professionals e.g. Educational Psychologist, school nursing service etc. | Yes ☐ No ☐ |
| Early help request for support  | Yes ☐ No ☐ |
| School safety plan or risk assessment | Yes ☐ No ☐ |
| Communication with Attendance & Inclusion team | Yes ☐ No ☐ |
| Any other information you feel is relevant – please list: | 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/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. | 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  |

**Headteachers 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. **Declined due inappropriate referral**