**The Rosewood School – Referral Form 2024/2025**



**Please ensure you are using the latest version of the form, available to download from our website.**

[The Rosewood School](https://trs.kent.sch.uk/referrals/referral-form/)

Incomplete referrals will result in delays in being considered by the referral panel. Please ensure all mandatory information is provided at the time of submission.

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| **Required Documents** | **Provided** |
| Evidence of formal medical diagnosis | Yes |
| Behaviour log | Yes |
| Recent school report | Yes |
| Attendance reports (current and previous academic year) | Yes |

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| Referral Date: |  |

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| **Pupil Information** | | | | | |
| Legal Surname |  | Legal Forename(s) |  | UPN |  |
| Preferred Surname |  | Preferred Forename(s) |  | ULN |  |
| DOB: |  | Sex at Birth |  | Identified gender |  |
| Year Group: |  |
| Nationality |  | NHS no. |  |  |  |
| 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 Name, including Title |  | Full Name, 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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| Parent/Carer consent | **It is essential that the pupil and their parents/carers are fully informed that this referral is being made and understand that personal and sensitive information will be shared with TRS.**  There may be occasions where we need to receive, store, and share records containing the pupil’s medical information. We are seeking consent to share relevant documentation—such as clinician notes, letters, GP medical records, SEND reports, and other related summaries—with organisations involved in the pupil’s care and support. These may include healthcare providers, schools, the police, GPs, and other internal or external service providers. Information will also be shared with professionals who participate in the referral panel. We are committed to ensuring that all data is processed lawfully and fairly, and that only the necessary information is shared or stored. This is to ensure the pupil’s needs are appropriately met and to support the continuity of their education throughout their recovery.  *This is a short-term service with a focus on reintegration, enabling us to support all schools across Kent. When making a referral, please ensure that parents and pupils have a clear understanding of this and that expectations are appropriately managed.* | Has parent/carer consent been obtained? | |
| **Yes** | **No** |
| **Date:** | |

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| **Referrer Details** | | | | | |
| Name of organisation making referral |  | Name and role of referrer |  | Telephone number and extension number |  |
| 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 |  | Date of last F2F SG/wellbeing check? |  | Attended mainstream lessons or attended hub/1:1? |  |

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| **Reason for referral** | | | | | | | |
| Please explain why the pupil is currently unable to attend school. Include relevant context such as health concerns and presentations (e.g., high anxiety – with causes and background). |  | | | | | | |
| Please provide details of the support strategies the school has implemented to engage the pupil and promote their inclusion | **Date started** | **Date ended** | **Details of Support** | | | | **Level of Success – none/limited/good/excellent** |
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| **Are there any additional or complicating factors that may be impacting the pupil or family?** For example: financial hardship, substance misuse, involvement with social services, parental physical or mental health needs, or English as an Additional Language (EAL). |  | | | | | | |
| **Please provide details of any external agency support currently in place to help the pupil engage with school.** This may include input from mental health professionals, educational psychologists, healthcare providers, social services, or other relevant agencies. |  | | | | | | |
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| Please provide the reasons for any suspensions or referrals to IYFA, including instances such as DoS, or Managed Move. |  | | | | | | |
| Has the pupil been discussed at The Community of Schools Meeting? | Yes  No | | | | | | |
| If the pupil you are referring is in year 11 please provide the following information: | Pupil’s preferred Post 16 option: | | | | 6th Form  College  Apprenticeship  Other  Please specify: | | |
| Has the pupil applied directly to a 6th form or through Kent Choices | | | | 6th Form  Kent Choices  N/A | | |
| English Language S & L component recording available? | | | | Yes  No | | |
| Email address of English HoD: | | | |  | | |
| Please outline how your school will maintain contact with the pupil during their time with TRS.  For example, this could include:   * Encouraging the pupil to attend your school one day a week * Arranging for a key worker to visit the pupil at TRS fortnightly * Providing a teacher to support a specific option subject * Organising work experience placement |  | | | | | | |
| Can you provide the name of a mentor or point of contact for the pupil. | **Name and role of contact:** | | |  | | | |
| **Email address of contact:** | | |  | | | |
| Please specify the type of support or provision you are seeking through this referral | 1. **Referral to one of The Rosewood Schools** | | | | |  | |
| 1. **Remote learning - Primary** | | | | |  | |
| 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** | | | | |  | |
| 1. **AV1 – school robot** | | | | |  | |

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| **Monitored Groups – please answer Y/N in each section:** | | | | | | | | |
| 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 | Free School Meals | 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 | Adopted | | | 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 when the pupil becomes dual registered at TRS* |

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| **Educational Information – This section MUST be completed:** | | |
| End of Key Stage 2 | English | Maths |
| Year 6 (SATs) |  |  |
| Year 6 (Teacher Assessed, if known) |  |  |
| This section MUST be completed if pupils were unable to take KS2 SATs and you have relevant data to support academic indicators, e.g., CAT scores etc.: | | |
| End of Key Stage 2 |  |  |
| Year 7 – 11 CATs |  |  |

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| Subject | Number of sets per year group | Set pupil is in |
| English |  |  |
| Maths |  |  |
| Science |  |  |

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| 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. |
| Examination Fees | Pupils attending the Leybourne or Canterbury school:  Examination costs will be reclaimed by TRS from the referring school. If a pupil arrives very late in the academic year of public examinations 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. |

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| **Professionals/Agencies involved with the pupil** | | | | | | | |
| **Organisation**  (e.g CAMHS / Early Help) | **Practitioner full name** | **Contact details** | **Has an assessment been undertaken** | | | **Dates of any assessments** | **Comments/additional information**  (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 provided (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 |

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| **SEN and Medical Needs** | | | | |
| SEN needs | Please Tick | Medical needs | | Please Tick |
| ASC: Autistic Spectrum Condition |  | Oncology | |  |
| ADHD: Attention Deficit Hyperactivity Disorder |  | Orthopaedics | |  |
| HI: Hearing Impairment |  | Respiratory | |  |
| MLD: Moderate Learning Difficulties |  | Diabetes | |  |
| MSI: Multi-Sensory Impairment |  | Cardiac | |  |
| PD: Physical Disability |  | Chronic Fatigue Syndrome | |  |
| VI: Visual Impairment |  | Degenerative Illness | |  |
| OTH: Other Difficulty/Disability |  | Dermatology | |  |
| NSA: SEND support but no specialist assessment of need type |  | Gastroenterology | |  |
| PMLD: Profound and Multiple Learning Difficulties |  | Haematology | |  |
| SEMH: Social, Emotional & Mental Health |  | Hepatology | |  |
| SLCN: Speech, Language & Communications Needs |  | Nephrology | |  |
| SLD: Severe Learning Difficulties |  | Neurology | |  |
| SPLD: Specific Learning Difficulties |  | Allergies - Please state: |  | |
| Has the child been screened for ASC |  | Other – Please state: |  | |

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| Other specific identified needs: | Please Tick |  | | Please Tick |
| Anxiety & Depression |  | Tourette’s Syndrome | |  |
| Obsessive Compulsive Disorder |  | Motor Tics | |  |
| Eating Disorder |  | Verbal Tics | |  |
| Post Traumatic Stress Disorder |  | Psychiatric Other | |  |
| Psychosis |  | Oppositional Defiance Disorder | |  |
| School Refusal |  | Selective Mutism | |  |
| Self Harm |  | Other – Please state: |  | |

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

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| **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: | | | |
| 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](mailto:safeguarding@trs.kent.sch.uk) | | | |
| **Currently open to:** | **CSS (Children’s social services)** | Yes | No |
| **CP** | Yes | No |
| **CiN** | Yes | No |
| **Early Help** | Yes | No |
| **Social Worker** | Yes | No |
| **Current C & F assessment** | Yes | No |
| **Other (please specify)** |  | |

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| **Headteacher Approval (an e-signature is accepted):** | |
| *This referral will be viewed by panel members (some external). Can 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 funding for the child you are referring and any examination entry fees that we enter your pupil(s) for.* | |
| **Signature:** |  |
| **Date:** |  |

**Do not scan this form, please email it in word format.**

**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 insufficient evidence**

**Note – we do not offer tuition**

**FOR TRS STAFF USE ONLY**

**Re-referrer:**

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| **Name** |  |
| **Role** |  |
| **Date** |  |

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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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| Current TRS provision: |  |

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| Summary and chronology of TRS involvement/engagement of pupil: |
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| Summary of Home Schools input: |
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| Safeguarding information/concerns: |
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| Agencies involved in supporting pupil/family: |
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| Suggestion of way forward from re-referrer: |
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| Comments from Head of School: |
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| **Decision from panel:** | |
| Outcome: |  |
| Agreed by: |  |
| Date: |  |

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

**Re-referrer:**

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| --- | --- |
| **Name** |  |
| **Role** |  |
| **Date** |  |

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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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| Current TRS provision: |  |

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| Summary and chronology of TRS involvement/engagement of pupil: |
|  |
| Summary of Home Schools input: |
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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 Head of School: |
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| **Decision from panel:** | |
| Outcome: |  |
| Agreed by: |  |
| Date: |  |