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| **The Heights Blackburn Alternative Provision Referral Form** **All sections MUST be completed before the application is processed. Failure to do so may slow down the referral.****Please note by submitting this referral form you are accepting to pay the relevant charges which apply to this pupil.** **Please return completed form to:referrals@theheightsfreeschool.org**  |
| **Details of pupil** |
| **First Name(s)**  |  | **Surname** |  |
| **Gender** |  | **Ethnicity** |  |
| **First language** |  | **Religion** |  |
| **D.O.B** |  | **Year**  |  |
| **Free School Meals*****If Yes, date began*** | Yes/No  | **UPN** |  |
| **UCI** |  | **ULN** |  |
| **Address Including postcode** |  |
| **Telephone number** |  |
| **Parent/Carer details** | **1st Contact** | **2nd Contact** |
| **Name** |  |  |
| **Relationship to pupil** |  |  |
| **Telephone number** |  |  |
| **Address if different from pupil’s home** |  |  |
| **Email address** |  |  |

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| **SEND Information** |
| **Is the pupil on your SEND register?**  | Yes/No  | **Does the pupil have an EHCP?**  |  Yes/No  |
| **Has the pupil had any input from an Educational Psychologist?** | Yes/No  | **Has the pupil received any additional support in or out of class?** |  Yes/No  |
| **Do parents have any concerns regarding any SEND issues?**  | Yes/No  | **Please include the contact details of your SENCO** |  |
| **Main Needs** |
| **Does the pupil display any difficulties concerning: (Please highlight)** |
| **Speech and Language****Dyslexia****Dyspraxia** | **ASD****ADHD****Other** |
| **Medical/Health Information** |
| **Does the pupil have any medical issues that we need to be aware of?** |  Yes/ No | **Is the pupil currently taking any medications?** |  Yes/No  |
| **If Yes please state in the attached box**  |  | **If Yes please state in the attached box**  |  |
| **Safeguarding** |
| **Is the pupil subject to a Child Protection Plan?**  |  Yes/No  |
| **Safeguarding status** |  CIOC CP CIN CAF |
| **Name of Social Worker**  |  |
| **Telephone number/email address** |  |
| **Details of home situation** |  |
| **Have the pupil’s parents/carers been contacted and are they in agreement with this referral?** |  Yes/No  |
| **Does the pupil agree with the referral?** |  Yes/No  |
| **Has the pupil previously attended an AP? *(if so, please provide further information, including contact details)***  |  |

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| **Risk Assessment** |
| **Area of risk** | **Low** | **Med** | **High** | **Details** | **Action to minimise risk** |
| **Verbal aggression** |  |  |  |  |  |
| **Physical aggression** |  |  |  |  |  |
| **Wandering off or absconding** |  |  |  |  |  |
| **Offending behaviour** |  |  |  |  |  |
| **Self-harming behaviour** |  |  |  |  |  |
| **Medical issues** |  |  |  |  |  |
| **Substance/drug abuse** |  |  |  |  |  |
| **Sexualise behaviour towards children** |  |  |  |  |  |
| **Sexualise behaviour towards adults** |  |  |  |  |  |
| **Allegations** |  |  |  |  |  |

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| **Activities to be avoided** |
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| **Communication needs** |
|  |
| **Comments** |
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| **Agencies involved – please tick** |
|  | ✔ | **Date of involvement** | **Named contact and telephone number** |
| **CAMHS** |  |  |  |
| **ELCAS** |  |  |  |
| **Children Services**  |  |  |  |
| **Engage** |  |  |  |
| **Mental Health Service Team** |  |  |  |
| **Wish Centre** |  |  |  |
| **Youth Justice System** |  |  |  |
| **Any additional agencies involved** |  |  |  |

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| **Referring School** |
| **Name of School**  |  |
| **Name**  |  |
| **Position**  |  |
| **Point of contact from referring school** |  |
| **Telephone number**  |  |
| **Email**  |  |
| **% Attendance**  |  | **Has this pupil had exclusions?** | Yes/No  |
| **% Authorised Absence**  |  | **Number of days** |  |
| **% Unauthorised** **Absence**  |  | **Number of occasions** |  |
| **Academic** |
| **Key Stage 2 results**  | Maths:English: | **CAT scores** |  |
| **Reading Age** |  | **Spelling Age** |  |
| **Expected GCSE Grades (if applicable)** |
| **English Literature** |  | **Maths** |  |
| **English Language** |  | **Science** |  |
| **Art** |  | **GCSE PE** |  |

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| **Additional documentation required:**  | **Included – please tick**  |
| **1. Copy of attendance record**  |  |
| **2. Latest academic report** |  |
| **3. Exclusion history with reasons**  |  |
| **4. Copies of EP reports, medical reports and information from other agencies if appropriate** |  |
| **5. Copy of EHCP and ILP’s** |  |
| **6. Copy of TAF plans if appropriate** |  |
| **7. Behaviour Log** |  |

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| **Placement Agreement** |
| **Reason for referral (please explain in detail)** |
|  |
| **Placement Objectives** (What objectives you would like the pupil to achieve during their placement with ourselves e.g. behaviour to improve, attendance to increase, successful destination, Post 16, in Education, Training or Employment, good academic achievement in GCSE Examinations, re- engagement with their education, Improved relationships with peers, SEND needs being fully supported, mental health needs being fully supported) |
| **1.** |
| **2.** |
| **3.** |
| **Timeline** |
| For all Key stages, placement reviews will be carried out every 6 weeks however, a placement may end early in the case of:* Persistent absence
* The school being unable to meet the needs of a pupil
* A serious breach or persistent breach of the school behaviour policy or rule
 |
| **Reviewing progress - how would you like to conduct the review of progress made?** |
| **Phone call Email Zoom/Teams meeting Face to face** |
| **Transition details (if applicable)** |
|  |

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| **Provider** |  |
| **Referring School**  |   |
| **Signed by Headteacher (Provider)**  |  | **Date:**  |
| **Signed by referring School including job title**  |  | **Date:**  |

**Emotional Literacy Teacher Checklist**

**Ages 11 to 16**

**Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_­­­­\_ Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_ Year ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female**

Please look at each statement and put a tick in the box that best describes how this student generally is. There are no right or wrong answers. Please ensure you answer all the questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very true | Somewhat true | Not really true | Not at all true |
| 1. Listens to other people’s point of view in a discussion or argument.
 |  |  |  |  |
| 1. Gives up easily when faced with something difficult.
 |  |  |  |  |
| 1. I am aware of my own strengths and weaknesses.
 |  |  |  |  |
| 1. Loses temper when loses at a game or in a competition.
 |  |  |  |  |
| 1. Laughs and smiles when it is appropriate to do so.
 |  |  |  |  |
| 1. Is intolerant to people who are different to him/her.
 |  |  |  |  |
| 1. When starts a task or assignment, usually follows it through to completion.
 |  |  |  |  |
| 1. Finds it hard to accept constructive criticism and feedback.
 |  |  |  |  |
| 1. Is liable to sulk if doesn’t get his/her own way.
 |  |  |  |  |
| 1. Makes the right kind of eye contact when interacting with others.
 |  |  |  |  |
| 1. Is insensitive to the feelings of others.
 |  |  |  |  |
| 1. Leaves things to the last minute.
 |  |  |  |  |
| 1. Can recognise the early signs of becoming angry.
 |  |  |  |  |
| 1. Remains calm and composed when loses or fails at something.
 |  |  |  |  |
| 1. Is disliked by many of his/her peers.
 |  |  |  |  |
| 1. Is very critical of others shortcomings.
 |  |  |  |  |
| 1. Does things when they need to be done.
 |  |  |  |  |
| 1. Can name or label his/her feelings.
 |  |  |  |  |
| 1. When things go wrong, immediately denies that his/her fault or blames others.
 |  |  |  |  |
| 1. Has a sense of humour and fun that is used appropriately.
 |  |  |  |  |

**Thank for you filling in this checklist.**

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| Empathy |
| Motivation |
| Self-Awareness |
| Self-Regulation |
| Social-Skills |