



ALTERNATIVE PROVISION REFERRAL FORM

Students Details

Student's Legal Name in Full		Date of Birth		Year Group		Gender	
Ethnic Group		First Language		UNP			
Religion							
Current School				Date of Referral			

Reason for Referral

State the reason for referral to a part time alternative provision placement (brief statement only, must complete SLA form with more specific, detailed targets)

Attendance

Provide current and previous two years percentage attendance below. Summarise any factors that affect attendance.

School Contact Details (Include: full name, position, email)

Main contact for placement		Attendance contact	
DSL		SENCO	
Other Contact		Other Contact	

Parent/Carer Details

First parent/ carer name in full		Relation to student		Contact Number	
Second parent/ carer name in full		Relation to student		Contact Number	
Full Address					
Email Address					



ALTERNATIVE PROVISION REFERRAL FORM

Transport Arrangements

What arrangements have been made for the student to access provision(s)?	Taxi	<input type="checkbox"/>	Parent/Carer	<input type="checkbox"/>	Independent Travel (KS3 Only)	<input type="checkbox"/>
	Taxi Company.....	Parent/Carer Name....		Please provide details if known.....		
	Contact Number.....	Parent/Carer Number.....				

ALL sections below MUST be completed (Click in box if applicable. If left blank, assumed n/a):

LAC	Voluntary	<input type="checkbox"/>	Child protection SEC 47*	<input type="checkbox"/>	Child in Need SEC 17	<input type="checkbox"/>	Private Foster	<input type="checkbox"/>	YOS	<input type="checkbox"/>
	Statutory	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

*If CP, state which category

If LAC or CP which local authority holds the order:		Date in care:	
Entitled to Free School Meals (Full Day placements require this info)?		Pupil Premium (+).	<input type="checkbox"/>

SEN/Health Details

EHCP *	<input type="checkbox"/>	Undergoing assessment *	<input type="checkbox"/>	SEN Support*	<input type="checkbox"/>							
SENCO/ SEN School Contact Name				Telephone Contact								
Email												
Specific SEN	ADHD	<input type="checkbox"/>	Asperger's	<input type="checkbox"/>	ASD	<input type="checkbox"/>	SEMH	<input type="checkbox"/>	HI/VI	<input type="checkbox"/>	MLD	<input type="checkbox"/>
	MSI	<input type="checkbox"/>	PD	<input type="checkbox"/>	PMLD	<input type="checkbox"/>	SLD	<input type="checkbox"/>	SPLD	<input type="checkbox"/>	Other	<input type="checkbox"/>

Is the student considered to be disabled? If yes, please provide details.	
Are there any access arrangements in place? (e.g., reader, scribe, extra time, prompter, rest breaks, enlarged papers, etc.	
Briefly describe the student's special educational needs (Please provide any information that alternative providers may need to be aware of or is of relevance to the placement)	
Does the student have any medical needs / health concerns / physical needs /prescribed medication	
If there have been concerns about the student's mental health (including anxiety) briefly describe the reasons. Please indicate whether a referral has been made to a mental health professional.	



ALTERNATIVE PROVISION REFERRAL FORM

Other agencies involved (e.g. Social Care, Early Help, EWS)

Name of Agencies		Contact Name	Phone Number and Email
Social Care	<input type="checkbox"/>		
EWS	<input type="checkbox"/>		
CAMHS	<input type="checkbox"/>		
YOS	<input type="checkbox"/>		
	<input type="checkbox"/>		

Social/ Home Circumstances

If there have been concerns or information about the student's social circumstances please describe these briefly below. In particular, comment on any information provided by Social Services, EWS etc. Are there any child protection issues?

Any family circumstances that key staff should be made aware of?

Safeguarding/risk assessment

Has a recent EHA been completed for this student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this student have a history of violence towards others? If yes, to whom? Please provide brief details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:	
Does this student pose a significant threat of harm to others or themselves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:	
Does this student have any history of substance misuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the student currently have an up-to-date risk assessment in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list any other significant events we need to be aware of that may impact on the students behaviour.	
Summarise any health and safety/safeguarding concerns that have not been covered by above	



ALTERNATIVE PROVISION REFERRAL FORM

Current academic information

Is the pupil currently attending mainstream lessons? Yes No

If no, where does the pupil access core subject lessons?

Is the pupil accessing any other alternative provision in addition to this referral e.g. school's internal AP centre, other offsite vocational or core provision? Yes No

If yes, please provide brief details and add to timetable below:

Current Timetable/Availability

(add in any AM or PM core or vocational sessions that are currently being offered)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Current working and target grades

Subject	Working Towards Expected	Working at Expected	Working Above Expected	Working Below Expected
Other subjects relevant to referral				

What are the student's strengths / interest, including activities outside school?

Are parents aware of the referral? What are their views?

Is the student aware of the referral? What are his/her views?

School to give a brief statement of why this alternative provision placement could be successful for this student. Please add any specific 'social' 'academic' and 'personal' outcomes you anticipate the student could achieve from the provision requested.



ALTERNATIVE PROVISION REFERRAL FORM

Behaviour

Describe briefly the student's behaviour and any involvement of LA or other services that support this.

Comment on any specific behaviour issues.

Comment on the student's attitude to work, with staff and with peers.

Outline any successful/unsuccessful strategies for working with this student – include an overview of interventions tried and dates if relevant.

Attendance.

Please provide current attendance and summarise any factors that affect attendance.

Health and Safety

Summarise any health and safety concerns that have been raised.

Other indicators of risk

Please indicate whether any of the following apply to the pupil (x)

	Never	Occasionally	Frequently
Gives in easily to pressure from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has poor control of temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenges authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has caused damage to property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally abuses peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally abuses staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has caused deliberate injury to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has caused deliberate injury to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays sexually inappropriate behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to manipulate / control others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is at risk of self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs / alcohol have an impact on behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has brought in or used an offensive weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has shown racist behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ALTERNATIVE PROVISION REFERRAL FORM

Name of person completing the form:		Date:
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Check List – Please Tick

Please include the following documents or state n/a if not applicable:

Risk Assessment	<input type="checkbox"/>
Parental Consent	<input type="checkbox"/>
Any exam results already taken	<input type="checkbox"/>
EHCP or information submitted for statutory assessment	<input type="checkbox"/>
IEP//Individual Plan/EP assessments	<input type="checkbox"/>
EHA or Pre EHA	<input type="checkbox"/>
Important medical information	<input type="checkbox"/>
Safeguarding records/information	<input type="checkbox"/>
Any other useful information	<input type="checkbox"/>

All forms will be accepted and considered for a place. All accompanying documentation must be provided before any student will be given a start date or their registration status changed.

