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**SPARK Alternative Provision Referral Form 2021-22**

*Please note the form will be returned if all of the information required has not been included in the referral form. The form must be completed electronically.*

**Section 1 – To be completed by referring school/body.**

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| **STUDENT INFORMATION** | | | | | | |
| Legal surname |  | | Legal forename/s | |  | |
| Preferred surname |  | | Preferred forename | |  | |
| Address |  | | Postcode | |  | |
| Date of Birth |  | Age |  | Gender | |  |
| Ethnicity |  | Religion |  | Home Language | |  |
| UPN/ULN |  | | Current school year | |  | |
| Pupil Premium | Yes  No | | FSM | | Yes  No | |
| Is the student a young carer? | Yes  No | | Is the student a young parent? | | Yes  No | |

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| **PARENT/CARER DETAILS** | | | |
| Parent/carer name |  | Relationship to student |  |
| Contact number |  | Email address |  |
| Address |  | Postcode |  |
| Parent/Carer name (must be included if there is a joint residency order in place) |  | Relationship to student |  |
| Contact number |  | Email address |  |
| Address |  | Postcode |  |
| Emergency contact name (must be additional to above) |  | Relationship to student |  |
| Contact number |  | | |

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| **MEDICAL INFORMATION** | |
| Does the student have any medical conditions that will impact upon their time in school? *If yes, provide details, including any medication they are on/will need to take during school hours.*  ADHD, ODD | |
| Known allergies | Yes  No |
| Details: |
| Dietary needs | Yes  No |
| Details: |
| Personal care needs | Yes  No |
| Details: |

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| **SAFEGUARDING** | | | | | |
| Please provide full details of any safeguarding concerns/reports: | | | | | |
| Is the student open to social care/strengthening families? | Yes  No | EHA  CIN  CP  LAC | | | |
| Name of social worker? |  | Contact number |  | Email address |  |
| Name of strengthening families worker? |  | Contact number |  | Email address |  |

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| **ATTENDANCE** | | | |
| Attendance in the current academic year (%) | % | Authorised  absence (%) | % |
| Unauthorised absence (%) | % |
| Attendance in the previous academic year (%) |  | Date of last attendance |  | |
| Is the student on a modified timetable? | Yes  No | If yes, please give details: |  | |
| Have attendance proceedings ever been instigated? | Yes  No | If yes, please give details: |  | |

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| **EXCLUSIONS** | | | |
| **Dates of exclusion** | | **Length of exclusion (days)** | **Detailed reason(s) for exclusion** |
| **From** | **To** |
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| **PREVIOUS SCHOOLS** | | |
| **Name of school** | **From** | **To** |
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| **SEND STATUS** | | | |
| Does the student have an EHCP? | Yes  No | If no, are there plans to refer to SAM panel? | Yes  No |
| If yes, what are the identified areas of need? | Cognition & Learning  Communication & Interaction  Social, Emotional & Mental Health  Physical & Sensory | | |
| Does the student have a diagnosed disability/specific learning difficulty? *(e.g. ADHD, ASC, Dyslexia, Dyspraxia)* | Please provide details: | | |
| *Please attach any supporting documents such as the EHCP, EP report or latest SEN support plan to support the referral.* | | | |

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| **ATTAINMENT** | | | |
| **Subject** | | **Attainment** | |
| English | |  | |
| Mathematics | |  | |
| Science | |  | |
| **OTHER ASSESMENT DATA** | | | |
| Reading age |  | Date assessed |  |
| Comprehension age |  | Date assessed |  |
| Spelling age |  | Date assessed |  |
| **STUDENTS IN KEY STAGE 4**  ***Please include all subjects the young person is currently taking*** | | | |
| **Key stage 4 subjects** | **Qualification (BTEC, GCSE)** | **Awarding Body** | **Predicted Grade** |
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| **RISK ASSESMENT**  ***All areas of the risk assessment must be completed*** |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **BEHAVIOUR**  **Is there a risk of:** | **None** | **If yes, what is the level of risk** | | | | | |  | | **Low** | | **Medium** | | **High** | | **If you have ticked any of the boxes 1-6, please provide detailed examples of the student’s behaviour including frequency** | | **1** | **2** | **3** | **4** | **5** | **6** | | Harm or physical aggression towards other students |  |  |  |  |  |  |  |  | | Threats towards other students (including cyber bullying) |  |  |  |  |  |  |  |  | | Threats towards members of staff |  |  |  |  |  |  |  |  | | Harm or physical aggression towards staff |  |  |  |  |  |  |  |  | | Harm or physical aggression towards members of the public |  |  |  |  |  |  |  |  | | Name calling or verbal abuse |  |  |  |  |  |  |  |  | | Racist abuse |  |  |  |  |  |  |  |  | | Refusal to follow instructions |  |  |  |  |  |  |  |  | | Vandalism |  |  |  |  |  |  |  |  | | Transport |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **VULNERABILITIES**  **Is there a risk of:** | **None** | **If yes, what is the level of risk** | | | | | |  | | **Low** | | **Medium** | | **High** | | **Provide a detailed explanation of the student’s behaviour:** | | **1** | **2** | **3** | **4** | **5** | **6** | | Absconding |  |  |  |  |  |  |  |  | | Being bullied including cyber bullying |  |  |  |  |  |  |  |  | | Domestic Violence |  |  |  |  |  |  |  |  | | Radicalisation |  |  |  |  |  |  |  |  | | Risk taking behaviour |  |  |  |  |  |  |  |  | | Self-harm |  |  |  |  |  |  |  |  | | Sexual exploitation |  |  |  |  |  |  |  |  | | Substance misuse |  |  |  |  |  |  |  |  | | Contextualised safeguarding |  |  |  |  |  |  |  |  | | Gang involvement |  |  |  |  |  |  |  |  | | Other |  |  |  |  |  |  |  |  |   **Student’s strengths/interests/aspirations:**  **I confirm that all of the information required has been provided and is up to date and accurate**  Signature of person completing risk assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **REASON FOR REFERRAL** |
| Please give details of the current challenges and difficulties. Please summarise any information from behaviour logs and other assessment measures. |
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| Please provide information about any specific interventions that you believe would be beneficial and why. |

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| **MEASURES/ACTION TAKEN BY THE SCHOOL** |
| Please give details of the measures and actions taken by the school to meet the challenges and difficulties presented by the pupil. |

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| **DETAILS OF OTHER EDUCATIONAL PROVISION** | | |
| *As an unregistered provision, we cannot provide all or substantially all of an individual’s education, thus when the young person is not at SPARK AP, they should be accessing education either at their school or another AP. Please detail what the remainder of the provision is for the young person.* | | |
| **Provider Name (School/AP)** | **Days/Times Attending** | **Qualifications working towards** |
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| **EXTERNAL AGENCY INFORMATION** | | | | | |
| **Agency** | **Currently**  **(✓)** | **Previously**  **(✓)** | **Contact name** | **Contact number & email address** | **Comments** |
| Educational Psychologist |  |  |  |  |  |
| Education Welfare Officer |  |  |  |  |  |
| Youth Offending Team/Police |  |  |  |  |  |
| CAMHS |  |  |  |  |  |
| Speech and Language Therapist |  |  |  |  |  |
| GP/Specialist Doctor |  |  |  |  |  |
| Outreach Service |  |  |  |  |  |
| Other (please state) |  |  |  |  |  |

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| **SCHOOL DETAILS** | | | |
| School name & address |  | | |
| Name of referrer |  | Position of referrer |  |
| Contact number |  | Contact email address |  |
| Additional school contact details |  | | |
| Signature of person completing referral form |  | | |
| **INVOICING**  *(Please indicate who we should send invoices to)* | | | |
| Contact Name |  | | |
| Contact Email Address |  | | |
| Contact Number |  | | |

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| **HEADTEACHER/PRINCIPAL CONSENT** | |
| I agree that this referral may be made, and that all of the information required has been provided and is up to date and accurate | |
| Signed |  |
| Name |  |
| Date |  |

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| **PARENT CONSENT** | |
| Signed |  |
| Name |  |
| Relationship to child |  |
| Date |  |

**Please attach the following documents (where appropriate);**

* EHCP/SEN Support Plan
* Educational Psychologist Reports
* Attendance Certificate
* Pupil Risk Assessment
* Behaviour support plan/care plan/pen-portrait
* Last school report
* Exclusion log

**Please email completed referral to:** [**stacie.ryan@acti-fit.net**](mailto:stacie.ryan@acti-fit.net)

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**Section 2 – To be completed by SPARK Alternative Provision.**

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| **SPARK ALTERNATIVE PROVISION** | | | |
| Date referral received |  | Referral accepted | Yes  No |
| If no, detail reason  N/A | | | |
| Length of placement | 3 Weeks  6 Weeks  9 Weeks  12 Weeks  Other | | |
| Details of funding | | | |

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| **PARENT/PUPIL MEETING** | |
| Date of meeting |  |
| Attendees |  |
| **Meeting notes**  **Does the student fall into a vulnerable group?**   |  |  |  |  | | --- | --- | --- | --- | | **Group** | **Yes** | **No** | **Detail** | | Child of asylum seeker |  |  |  | | Eligible for FSM |  |  |  | | Child in care |  |  |  | | Teenage parent |  |  |  | | Traveller child |  |  |  | | School refuser |  |  |  | | Young carer |  |  |  | | Young offender |  |  |  |   **Characteristics/Attributes**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Poor Excellent** | | | | | Attendance | 1 | 2 | 3 | 4 | | Time keeping | 1 | 2 | 3 | 4 | | Confidence | 1 | 2 | 3 | 4 | | Interaction with other students | 1 | 2 | 3 | 4 | | Interaction with teachers | 1 | 2 | 3 | 4 | | General behaviour | 1 | 2 | 3 | 4 | | Attitude to home life and current situation | 1 | 2 | 3 | 4 | | Attitude to school and learning | 1 | 2 | 3 | 4 | | Parental attitude to child and education | 1 | 2 | 3 | 4 |  |  | | --- | | **Students wishes, feelings, aspirations** | |  |  |  | | --- | | **Parent/carer wishes, feelings, aspirations** | |  |   Date of visit to venue: | |

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| **AGREED AIMS/OBJECTIVES** |
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| **IMPORTANT DATES** | |
| Date of referral |  |
| Date of admission |  |
| Length of placement |  |
| 1st review date |  |
| 2nd review date |  |
| End of placement |  |
| Return to school |  |