**CHS Referral Form**

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| Section A: Personal Details  |
| Full name of pupil needing support: |       | DOB: |       |       |       |
| Name known as: |        | M:       | F:        | Prefer to self identify (please specify):        |
| Address: |       | Postcode: |       |
|       |
| Name of Parent/Carer: |       |  |  |
| Address: | (if different to above)  |  |  |
| Email: |       |  |  |
| Contact no: |       Mobile:       |  |  |
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| Referrer Information  |
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| Full Name: |       |  |  |
| Designation: |       |  |  |
| Organisation: |       |  |  |
| Contact no: |       |  |  |
| Email: |       |  |  |
| Referred by (please tick): |
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| Education (EWS/AIO) | [ ]  |
| Health | [ ]  |
| Other/Assessment/MDT | [ ]  |
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| **Please use the table below to see the information required from each type of referrer for each section:** |
| **Referrer if you are from:** |  |
| **Education****(Via EWS / AIO)** | **A**, **B**, **C**, **D**, **E**, **F** (Provide Written Evidence), **G** (If relevant) and **H**Complete signatures and include the below attachments: * Attendance printout
* Supporting medical information
* Baseline information
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| **Health** | **A**, **B** (If known), **C**, **D**, **F** and **H**Complete signatures and include the below attachments:* Health Care plan

Alternatively send letters or copies of notes that provide information required |
| **Other, including referral for assessment**  | **A**, **B**, **C**, **D** and **H**Complete signatures and include the below attachments: * Attendance printout
* Minutes of latest review/multi-disciplinary meetings that led to the referral
* Baseline information
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| Section B: School and Pupil Information |
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| NCY:  |       | School name: |       |  |
| Named contact in school: |       |  |  |
| Designation: |       |  |  |
| Contact no: |       |  |  |
| Email: |       |  |  |
| UPN:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ULN:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ethnicity:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EAL: [ ]  Pupil Premium: [ ]  Free school meals: [ ]   |
| EHCP | Undergoing EHCP assessment  | SEN support | LAC | Previously LAC | Adopted | Child Protection plan | Child in Need plan | Current safeguarding concerns |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendance for: |
| this term (last 6 school weeks) |       |
| this academic year |       |
| previous Academic Year |       |
| comment on attendance |       |

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| Section C: Reasons for Referral |
| What are your concerns about this student? |       |
| Relevant family background |       |
| How does this impact on the student? |       |

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| Section D: Ideal Outcomes |
| What do you hope to gain from this referral? |       |

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| Section E: Education |
| Describe how the student behaves in school |       |
| How has the school tried to support this student and how successful has each intervention been?*e.g. reduced timetable, small group teaching, mentoring, meeting and greeting, home visits, 1:1 teaching* |       |
| Please comment on the student strengths and weaknesses:* *Academic ability and achievements*
* *Social skills and relationships*
* *Health and emotional well-being*
 |       |
| NB. Please enclose information about exam modules, expected levels of entry, courses taken, including off-site provision in the table under Curriculum Information |

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| Section F: Health Support |
| Which health professionals are supporting the student?***Medical evidence / endorsement must be supplied*** |       |
| What support and therapies are in place or planned for this student? |       |
| Has the student got a care plan from a medical professional? | Yes/No Please state reason: NB. A copy of the care/action plan must be enclosed with this referral |
| Does the student have a school Individual Health Care plan? (Both physical and mental medical needs warrant a plan) | Yes/No If no, then should a plan be written and implemented before a referral request is considered/submitted?NB. A copy of the medical/action plan must be enclosed with this referral |
| Does the student have any additional health needs/requirements? |       |

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| Section G: Other Agencies |
| Which other agencies are involved and reasons for involvement? |       |
| What support is in place or planned for this student? |       |

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| Section H: Parents and Carers |
| What are the views of the parents and student? |       |
| **PARENT CONSENT** – PARENTS ARE AWARE OF THIS REFERRAL AND:1. Have given permission for the Children’s Hospital School to contact them.
2. For the Children’s Hospital School to consult with Educational Psychologist, School Medical Officer/GP and other Professionals.
3. Will ensure that their child engages fully in the educational provision made by the Children’s Hospital School.
 | Parent/CarerPrint Name:  |       |
| Parent/CarerSignature: |       |
| Date:       |  |

| Baseline Information |
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| Student Full Name: |       | Date: |       |
| School Name: |       |
| Please circle relevant boxes below: |
| Attendance in last 6 school weeks | >50% | 25-50% | 10-25% | <10% | 0% |
| Timetable | Timetabled for all subjects | Timetabled for most subject classes | Timetabled for less than 4 subject classes for | Timetabled for 1 or 2 classes | Not expected to attend classes |
| Independence in lessons | Is independent in class | Some accommodations made by teacher but largely independent | Some adult support in class | Has adult support at all times | Is not able to attend class even with support |
| Social times (breaks and lunchtimes) | Mixes with other students well, without support | Manages social times without support | Manages social times in supported environment | Is supported by staff at social times | Avoids school at social times |
| Accessing Lessons | Goes into classrooms for lessons without support | Accesses classrooms with support | Accesses small group teaching | Accesses 1:1 teaching | Does not access teaching in school |
| Friendships | Has a number of good relationships | Has more than one good relationship with other students | Has one good relationship | Has acquaintances | Socially isolated |
| Navigates the school | Can move around school and follow timetable independently | With small accommodations can manage timetable independently | Support required such as meeting and greeting or prompting throughout the day | Substantial support required e.g. accompanied in small part of the school | Does not move around school |
| Cooperation | Always cooperative and follows rules | Small infrequent problems | Some problems, cannot / will not cooperate especially when under stress | General issues with behavior | Behavioral difficulties |
| Communication | Communicates well and is polite | Some difficulties communicating | Often cannot / will not communicate e.g. in class or discussions with staff | Sometimes is inappropriate | Is often rude and inappropriate |

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| Curriculum Information |
| **Subject** | **Current Level/Grade** | **Course (for KS4)** | **Level of Entry** | **Modules completed grade** |
| **English** |       |       |       |       |
| **Maths** |       |       |       |       |
| **Science** |       |       |       |       |
| **ICT** |       |       |       |       |
| **RE** |       |       |       |       |
| **ART** |       |       |       |       |
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| **Please include any other information you feel relevant:** |
| **Please make sure that all sections are completed in full. Incomplete/missing information may result in a delay.**  |
| **Completed referral form and supporting documents can be sent to the school either:****by post - Children’s Hospital School, Willow Bank School, Simmins Crescent, Leicester, LE2 9AH or****via email** **referrals@childrenshospitalschool.leicester.sch.uk****If you would like to discuss any aspect of the referral process, please contact Elaine Stephens, Review and Referral Administrator on 0116 229 8137 (option 3)** |