






Once the form is complete please upload to Moveit using this web address marked referral <https://secure-mft.sandwell.gov.uk>

Our DfE number is: 333 1106

The New GDPR Regulations: The school is registered under the General Data Protection Regulations (GDPR – 25/05/2018) for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.



Sandwell Alternative Provision Referral Form

| | |
|--|-------|
| Referring school: | |
| Name of person making the referral and position: | |
|      | |
| Contact telephone number: | |
| Contact email address: | |
| SENDCo name and contact email: | |
| DSL name and contact email: | |
| Please indicate which service you feel would meet the needs of the young person (please note this will be used to inform the panel's decision but not guaranteed) | |
| Albright Academy Albright Plus Albright Post 16 Primrose Primrose House | |
| Pupil Name: | D.o.B |
| Year Group: | UPN: |

| | |
|-----------------------|-------------------------------|
| Home Address: | |
| Telephone: | Parent/ Guardian Name: |
| Email: | Relationship to young person: |
| Religion: | Nationality: |
| Language: | City of Birth: |
| PP: Y / N | FSM: Y / N |

| | | |
|--------------------------------------|---------|---------|
| Attendance over last 3 terms: | | |
| Autumn: | Spring: | Summer: |

| | |
|--|--|
| Has the young person been subject to EHA/TAF: YES/NO | Has the team around the family been established: YES/NO |
| Does the young person have a social worker: YES/NO Is the social worker aware of the referral YES/NO Name: Telephone: Email: | Please provide details: Please circle: CIN/CP/LAC |

| KS1 data | | | |
|-------------------|---|---|-------------------|
| GLD | 1 | 2 | 3 (please circle) |
| Phonics screening | | | |
| Reading | | | |
| Writing | | | |
| Maths | | | |

| KS2 data | |
|----------------------|--|
| Reading scaled score | |
| Writing scaled score | |
| Reading age | |

| Supporting evidence | Name |
|---------------------|------|
| CAMHS's | |
| Consultant | |
| SaLT | |
| EP | |
| SEMH-AT | |
| SAT-L | |
| Other | |

Interventions used:






SEN status (as currently appears on SIMS):

ILS referral: YES/NO

Does the young person have an EHCP: YES/NO

Has a CAM been held or a date planned: YES/NO Please give date if applicable:

Professionals known to at ILS:

Case worker:     

Please share details of who has worked with the pupil and attach any supporting documents

If the young person has an EHCP we must see a copy before confirming any placement

For primary aged children – has PPE been involved: YES/NO

If yes, please attach the final report and any other supporting evidence

| Are there other agencies involved with the pupil? | YES | NO |
|---|-----|----------------|
| If yes – please give details | | |
| Police | | Virtual school |
| Youth Offending | | DECCA |
| Multisystemic therapy | | Horizon |
| Young carers | | Other: |

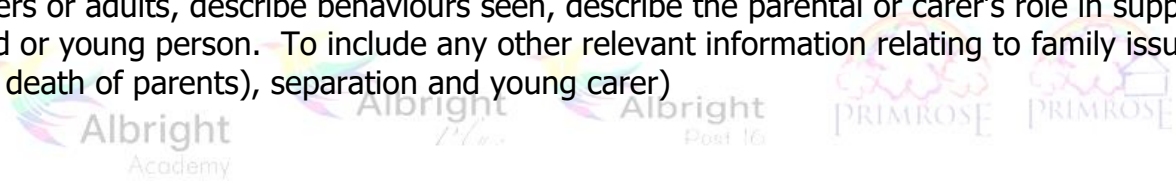
Reason for Referral

How long have they been displaying these behaviours:

What, in your opinion are the young person's strengths:



SEMH Evidence (You may wish to mention Social and Emotional development, relationships with peers or adults, describe behaviours seen, describe the parental or carer's role in supporting the child or young person. To include any other relevant information relating to family issues such as death of parents), separation and young carer)



If known, ACES score:

What are the expected targets of the placement for the young person:

Has the referral been explained to carers/parents: YES/NO

Consent from carers/parents given: YES/NO

Parents expectations and goals of a placement in Alternative Provision:

Is the young person aware of the referral: YES/NO

THIS SECTION MUST COLLECT THE YOUNG PERSONS VOICE

What is important to the young person during the placement:

What are they worried about:



What is working well for them:

Documents included in the referral

| | | | |
|----------------------|------------------------------------|--|-----------------------------|
| EHCP (if applicable) | Latest School Report | Latest Behaviour Report | Supporting Medical Evidence |
| BOXALL profile | Exclusion letters and related data | SEMH intervention tools (e.g. 5 point scale) | Professional reports |
| Childs voice | Parents voice | | |

In order for the referral form to be processed the following must be adhered to

- Referral form completed with the required information
- All supporting evidence – school report / behaviour record / medical evidence must be attached

1

- Referrals received from schools, panels and SEND into 'front door' by midday Friday

2

- Referrals processed to identify main need and package of assessment designed and provision allocated
- Internal referrals to clinical team as appropriate

3

- Paperwork sent to receiving site/SENDCo
- Initial meeting to be held (school, parent/carer, young person, professional)

