**The Eaglewood School**

**2020/21**

**Raising Aspirations Changing Lives**

**Referral Form**

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| **The Eaglewood School Referral Form** |

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| Current School |  | | |
| School Contact |  | | |
| Responsibility |  | Date completed |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Student Name |  | | | Year Group |  | |
| Date of Birth |  | | | UPN |  | |
| **PP** | Y / N | **EHCP** | Y / N | **EHCP (In progress)** | | Y / N |
| **Service Premium** | Y / N | **CIN** | Y / N | **Safeguarding concerns** | | Y / N |
| **FSM** | Y / N | **LAC** | Y / N |  | | |
| **Ethnicity Code:** | | **Disability:** Y / N Details: | | | | |

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| **Main areas of concern / What would you like Eaglewood to help with in particular?** |
| **1** |
| **2** |
| **3** |

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| **Incidents in school that have given rise to concern** | | | |
| Physical assault against student |  | Sexual misconduct |  |
| Physical assault against adult |  | Drug and alcohol related |  |
| Verbal abuse/threatening behaviour against student |  | Damage |  |
| Verbal abuse/threatening behaviour against adult |  | Theft |  |
| Bullying |  | Persistent disruptive behaviour |  |
| Racist abuse |  | *Other (please specify above)* |  |
| *Additional Information* | | | |

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| **School Attendance record: (previous school year if less than one term)** | | | |
| Actual Attendance |  | Possible Attendance |  |
| Authorised Absence |  | Unauthorised Absence |  |
| Exclusions |  |  |  |

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| **Supporting agencies involved** | **Y / N** | **Telephone / Email Contact** |
| Educational Psychologist |  |  |
| Social Care |  |  |
| CAMHS |  |  |
| Family Support |  |  |
| LAC |  |  |
| CAF / TAF |  |  |
| YOT |  |  |
| Other |  |  |

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| **Problem areas** | | | | | | | | | | | |
| Classroom |  | | Social Areas | |  | Lunchtime | |  | Attendance |  | |
| **Key Difficulties – Tick any that are relevant to the student** | | | | | | | | | | | |
| Emotional | |  | | Social / communication | | |  | Behavioural | | |  |
| Anger management | |  | | ADD/ADHD | | |  | Dyslexia / Processing | | |  |
| School Refusal | |  | | ODD / Defiance | | |  | Trauma | | |  |
| Other(please comment) | |  | |  | | | | | | | |
| **Relevant background information.** *Parental links with school, peer relationships etc* | | | | | | | | | | | |

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| **Curriculum Subject / Cognitive Abilities Test** | **Current**  **grade** | **Predicted**  **grade** | **Current Assess Arrangements in place**  **(laptop, reader, scribe, extra time)** |
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| Reading Age: | | Spelling Age: | |

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| **In which *specific* areas do you wish to see the student make improvements?**  Please list as a maximum of 4 SMART targets and **anticipated review date**. | |
| **1** | |
| **2** | |
| **3** | |
| **4** | |
| **Proposed Review Date:** |  |

**Any other information you would like to share**

**Emotional and Social Issues -** Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationship with peers; feeling isolated and solitary; fears; often unhappy

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| **Documentation Enclosed / attached: Applications *must* be evidenced for the referral to be processed.** | | | | | |
| Current IEP |  | Attendance Record |  | Current Behaviour Plan |  |
| Current SEN Information |  | Incident Log |  | Exclusion Record (with dates and reasons) |  |
| Risk Assessment |  | EHCP |  | Outside Agency information i.e. CAMHS |  |
| Medical report |  | Evidence for Exam Access Arrangements |  | Recent PEP Report |  |

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| **Proposed Flight Path – please tick most appropriate** | | | |
| Reintegration to mainstream school |  | Transition to secondary school or college |  |
| Specialist Provision |  | Single Roll Eaglewood School student |  |

**To be completed with the student**

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| **Curriculum: I respond best to:** | | | | | | | | | |
| Oral activities |  | | Written activities | |  | | Practical activities | |  |
| **Support: I am used to:** | | | | | | | | | |
| 1:1 support |  | | Group support | |  | | No support | |  |
| Normal curriculum |  | | Specifically differentiated curriculum | |  | | Small group/withdrawal work | |  |
| **I respond positively to:** | | | | | | | | | |
| Public praise | |  | | Private praise | |  | | Positive notes or call home |  |
| Tangible rewards | |  | | Certificates | |  | | Special responsibility |  |
| Key adult | |  | | Class seating plan | |  | | Clear behaviour guidelines |  |
| Visual clues | |  | | Task lists | |  | | Personal behaviour targets |  |
| Class behaviour targets | |  | | Time out in class | |  | | Time out outside the class |  |
| Distraction/humour | |  | | Being given space, time and a set routine to calm down **alone**. | |  | | Given space, time and a set routine to calm down with an **adult**. |  |
| Talking about incidents with a key adult when calm. | |  | | Putting things right in a practical fashion. | |  | |  |  |
| Other (give details) | |  | |  | | | | | |

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| **Strengths and potential:** *personal / curriculum areas* |

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| Student views |  | **Date:** |  |
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I agree that it would be helpful for me to attend Eaglewood school.

I have visited Eaglewood school and have talked to the teachers about what they can do to help me to do well.

I understand Eaglewood school has a no mobile phone policy and will hand in my school bag each morning to staff on duty.

I know what the teachers at Eaglewood school expect me to do and I agree to work hard to keep the school rules.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pupil

**To be completed by the parent(s) / carer (s**

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| Parent: Mother |  | Contact Number |  | W |
|  | H |
|  | M |
| Parent: Father |  | Contact Number |  | W |
|  | H |
|  | M |
| Carer |  | Contact Number |  | W |
|  | H |
|  | M |

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| --- | --- |
| Permanent Home Address |  |

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| **In which *specific* areas do you wish to see your child make improvements?** |
| **1** |
| **2** |
| **3** |
| **4** |

I have visited Eaglewood school and would like to work in partnership with the staff to support my child. I will attend regular reviews to help support their progress.

Parent / Carer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Carer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_