**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_