

**Behaviour Outreach Support Service Referral Form**

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| **Date of referral**  | Click here to enter a date. |
| **Pupil first name** | Click here to enter text. | **Surname** | Click here to enter text. |
| **Gender** | Click here to enter text. | **Date of birth** | Click here to enter a date. |
| **Year group** | Choose an item. | **Ethnic origin** | Choose an item. |
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| **Current School Details** |
| **Current school name** | Click here to enter text. |
| **Main school contact for pupil (email address)** | Click here to enter text. |
| **School telephone number** | Click here to enter text. |
| **Date of admission to current school** | Click here to enter a date. |
| **Previous schools attended & dates** | Click here to enter text. |
| **Is the pupil eligible for pupil premium?** | [ ] **Yes** [ ] **No**  | **Is the pupil eligible for free school meals?** | [ ] **Yes** [ ] **No**  |
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| **Is the pupil ‘looked after’ by a local authority?** (‘looked after’ children are those living with foster carers or resident of a children’s home) | [ ] **Yes** [ ] **No**  |
| **IF YES** **please provide:** | **Local authority name** | Click here to enter text. |
| **Care worker name** | Click here to enter text. |
| **Phone number** | Click here to enter text. |

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| **Parent/carer name(s)** | Click here to enter text. | **Relationship to pupil** | Click here to enter text. |
| **Home address with postcode** | Click here to enter text. | **Does this person have parental responsibility?** |
| **Yes**[ ]  **No** [ ]  |
| **Telephone numbers of parent/carer(s)** | Click here to enter text. |
| **Parent/carer email address** | Click here to enter text. |

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| **SEND status**  | Choose an item. | **Primary need**  | Choose an item. |
| **Date placed on the plan** | Click here to enter a date. | **Last review date** | Click here to enter a date. |
| **Do they have a behaviour support plan /risk assessment?** | **Yes**[ ]  **No** [ ]  |

**Please send all current plans with this referral**

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| **Are there any safeguarding concerns relating to this student?** | **Yes**[ ]  **No** [ ]  |

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| **Multi-Agency Support** |
| **Current Support Plan**  | Choose an item. |
| **Date current plan was implemented** | Click here to enter a date. |

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| **Other agency involvement (include historical)** |
| **Name of professional** | **Role** | **Organisation** | **Currently involved?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | [ ] **Yes** [ ] **No**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | [ ] **Yes** [ ] **No**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | [ ] **Yes** [ ] **No**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | [ ] **Yes** [ ] **No**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | [ ] **Yes** [ ] **No**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | [ ] **Yes** [ ] **No**  |
| **No other agency involved (cross to confirm)**  | [ ]  |

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| **What are their current age related expectations?**  | **☐ Working towards** **☐ Working at** **☐ Working above**  |
| **Attendance data** (so far this academic year) | Click here to enter text. |
| **Suspension data** (fixed term, internal etc.) for the 12 weeks prior to referral**Did the pupil reach 15 days FTS? If so, was a governors’ meeting held? What was the outcome? If not, why not?** | Click here to enter text. |
| **Please note that this data will be used to measure impact and needs to be provided in full.**  |

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| **What are the main difficulties the student presents in school?****What reasonable adjustments are being made?** | Click here to enter text. |

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| **Pupil strengths; academic and personal**  | Click here to enter text. |

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| **Declaration**  |  | **Date Approved** |
| **Please tick to confirm that this referral has been approved by the school head teacher** |[ ]  Click here to enter a date. |
| **Please tick to confirm that this referral has been approved by the parent/carer** |[ ]  Click here to enter a date. |
| **Name of person completing the referral** |  | **Role** |  |

**All completed referrals must be emailed to –** **Lisa.Green@doncaster.gov.uk**

All pupil information must be kept securely in accordance with the School Records Regulations (1999). The sharing of information should be done so under the Doncaster Information Sharing protocol, the terms and conditions of the contract, and the Data Protection Act.