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| **Date of Referral**  | Click here to enter a date. |
| **Pupil First Name** |  |
| **Surname** |  |
| **Date of Birth** | Click here to enter a date. |
| **Year Group** | Choose an item. |
| **UPN** |  |
| **Ethnic Origin** | Choose an item. |
| **Current School Details** |  |
| **Current School Name** |  |
| **Main School Contact for Pupil (name and email address)** |  |
| **School Telephone Number** |  |
| **Date of admission to current school** | Click here to enter a date. |
| **Previous Schools attended & dates** |  |
|  |  |
| **Is the pupil eligible for Pupil Premium?** | [ ] **Yes** [ ] **No**  | **Is the pupil eligible for Free School Meals?** | [ ] **Yes** [ ] **No**  |
| **Is the pupil a young carer?** | [ ] **Yes** [ ] **No**  | **Is the pupil a young parent?** | [ ] **Yes** [ ] **No**  |

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| **Referral Wave****Please see appendix in TOR** | **Wave 1**[ ]  | **Wave 2**[ ]  | **Wave 3**[ ]  | **Wave 4**[ ]  |

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| **Child’s Social Care status** e.g. TAC, CIN, CP etc. |  |

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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)** |  | **Relationship to pupil** |  |
| **Home Address with postcode** |  | **Does this person have parental responsibility?** |
| **Yes**[ ]  **No** [ ]  |
| **Telephone Numbers of parent/carer** |  |

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| **SEND Status**  | Choose an item. | **Primary Need**  | Choose an item. |
| **Please give other information you think panel should be aware of e.g. disability, food allergies or medical conditions.** |  |

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| **Attendance Data** |
| **% attendance for current academic year** | Choose an item. |
| **% attendance for previous academic year** | Choose an item. |

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| **No other agency involved (cross to confirm)** |[ ]
| **Other Agency Involvement to include Social Care or Early Help (please include historical)** |
| **Name**  | **Role** | **Organisation** | **Currently involved?** |
|  |  | **B.O.S.S.**  | [ ] **Yes** [ ] **No** [ ] **N/A**  |
|  |  | **Big Picture**  | [ ] **Yes** [ ] **No** [ ] **N/A**  |
|  |  |  | [ ] **Yes** [ ] **No**  |
|  |  |  | [ ] **Yes** [ ] **No**  |
|  |  |  | [ ] **Yes** [ ] **No**  |
|  |  |  | [ ] **Yes** [ ] **No**  |
|  |  |  | [ ] **Yes** [ ] **No**  |
|  |  |  | [ ] **Yes** [ ] **No**  |
|  |  |  | [ ] **Yes** [ ] **No**  |

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| **Exclusion Information** |
| **Total number of days suspension for previous academic year** | Choose an item. |
| **Total number of days suspension for current academic year** | Choose an item. |
| **Has this pupil ever been permanently excluded (if so please give details)**  |  |
| **Has this pupil ever had a managed move? Please give details.**  |  |
| **Has the pupil been directed offsite? Please give details.**  |  |
| **Is the pupil currently on a part time, timetable, please give details.** |  |

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| **Attainment Information** |
| *Settings, schools and colleges use different records for reporting academic progress, including: support and outcomes plans, School Profiles, Individual Learning Records etc.* **Please provide a brief overview of academic ability including whether the pupil is achieving age related expectations/progress 8 indicators.** *Where possible provide evidence over the last 12 months. Include copies of reports from professionals who have given support.* |
|  |

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| **Behaviour Data Capture** |
| ***Please confirm which assessment tools have been used to inform the pupils Behaviour/SEN support plan. Further information, advice & guidance are available from the Outreach Teams or Education Psychology Service.*** |
| **Assessment Tool*Consider use of: PASS, Boxall, Outcome Star, Functional Behaviour Analysis, SDQ, etc***  | **Date of latest testing** | **Identified area of need** | **Has a copy of the result/test been included with this referral?** |
| Choose an item. | Click here to enter a date. |  | [ ] **Yes** [ ] **No**  |
| Choose an item. | Click here to enter a date. |  | [ ] **Yes** [ ] **No**  |
| Choose an item. | Click here to enter a date. |  | [ ] **Yes** [ ] **No**  |
| Choose an item. | Click here to enter a date. |  | [ ] **Yes** [ ] **No**  |

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| **The New Request** |

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| **What are you worried about?** |  |
| **What is currently working?****What have you done to evidence support for the pupil on the graduated approach?**  |  |
| **Desired outcomes –** **What do we want things to look like?** |  |
| **What needs to happen next? And why?***Please refer to Panel Terms of reference appendix before completing this section and making a request for a wave of intervention.*  | Wave 1 intervention  |  |
| Wave 2 intervention  |  |
| Wave 3 intervention  |  |
| Wave 4 intervention  |  |

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| **What does the pupil feel they need to be successful?** **What discussion has been had with the pupil to gather their view?** |  |
| **What are the parent/carer views?****What do they feel that their child needs?**  |  |

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| --- | --- |
| **Please provide any additional information which may be relevant to the application including pupil strengths and areas of interest** |  |

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| **Declaration**  |  |
| **Name and signature of the person who has gained consent for the referral** |  |
| **Please tick to confirm this referral has been approved by the school Head Teacher** |[ ]  **Date Approved** | Click here to enter a date. |
| **Please tick to confirm this referral has been discussed with the child’s family** |[ ]  **Date Discussed**  | Click here to enter a date. |

Please make sure that the checklist and ACES questionnaire below are also completed.

Checklist

To allow for effective, child-centred decision making at Inclusion Panel please ensure that the following information is included with your referral.
All referrals made to Primary and Secondary Inclusion Panel will be subject to screening. Referrals that do not include the required information will be returned to schools with a request for additional information and will not be heard at panel.

Please ensure any referral to Inclusion Panel includes the following:

|  |  |  |
| --- | --- | --- |
| **Mandatory** | **Included?** | **Guidance** |
| Inclusion Panel Referral form  |[ ]  All boxes must be completed Pupil voice must be presentParental consent is required for any referral to be considered at Panel |
| SEN or Behaviour Support Plan |[ ]  Outcome focused plan Plan must be current- updated within the last 4 weeks Evidence of Assess, Plan, Do, Review cycles relating to individual needEvidence of strategies that have been successful in school/current setting |
| Assessment of Behavioural Need  |[ ]  Evidence of assessment used to inform the Support Plan*E.g., Boxall, Thrive, Motional, Emotional Literacy screener, ACE’s questionnaire.*If unsure please discuss with BOSS. |
| Evidence of Multi-agency support |[ ]  Early Help Assessment to be included or evidence to show family have not engaged with this process such as communication with family by school. Review minutes or action log from TAC/CIN dated ideally within the last 4 weeks |
| **Advisory** |  |  |
| Pupil Risk Assessment |[ ]  This could also be a child’s positive handling plan |
| Agency Support |[ ]  Reports or record of involvement from agencies dated within the last 12 months |
| Managed move information  |[ ]  To include start date and whether this was successful |
| **Cases where students are or disengaged(where assessment of need or APDR has not been completed due to pupil absence or disengagement)** |[ ]  Evidence of the following:* School strategies to engage the family (meetings, correspondence)
* School strategies to support managing attendance (correspondence with the family, meetings, referrals to appropriate support services)
* Evidence that pupil/parent voice has been sought for the referral (email, telephone call log, meeting record)
* Detailed chronology outlining what strategies, interventions and support have been offered by the current and/or previous school setting to engage the learner
* Completed ACE’s questionnaire see below
 |
| **Case Specific** |  |  |
| PEP |[ ]   |
| Transport Risk Assessment |[ ]   |

**Please note we DO NOT accept the following documents as part of a referral to the Inclusion panel:**

* **Pupil or adult witness statements relating to specific behaviour incidents**
* **CPOMS information**
* **Any assessment that is older than 12 months from the date of referral**

This document should be sent along with the completed referral and supporting information to:
Inclusion Panel mailbox: bits@doncaster.gov.uk by 5.00pm **Tuesday the week before the published panel date.**

**ACE’S Questionnaire**

Everyone experiences stress as they grow up, things such as a change in school or losing a pet and these experiences make us grow and become resilient. There are experiences that children and young people find it difficult to ‘bounce back’ from because they are too overwhelming or scary or are situations where children and young people are not fully supported. When this happens, it can have a long-term and lasting impact on a child or young person’s ability to think, interact with others and on their learning.

**Adverse Childhood Experiences (ACEs)** are some of the most intensive and frequently occurring sources of stress that children and young people may suffer. Studies have shown that considerable and prolonged stress in childhood can have lifelong consequences for health and well-being. Some of the distressed behaviours we see on a daily basis in an educational setting can be used unconsciously as protective solutions to unrecognised problems. The source of some of these problems can originate in exposure to experiences such as the ones listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Yes | No | Not Known |
| Are the child’s parents divorced/separated? |  |  |  |
| Does the child live with (or has previously lived with) a parent or other adult who has served time in prison or a young offender’s institute? |  |  |  |
| Does the child live with (or has previously lived with) a parent or other adult who used illegal drugs or misused prescription medicines? |  |  |  |
| Does the child live with (or has previously lived with) a parent or another adult who was depressed, mentally ill or suicidal? |  |  |  |
| Does the child live with (or has previously lived with) a parent or other adult who was a problem drinker or alcoholic? |  |  |  |
| Does the child live with (or has previously lived with) a parent or other adults who has slapped, hit, kicked, punched or beaten each other up? |  |  |  |
| Does the child live with (or has previously lived with) a parent or another adult who swears at them, insults them, puts them down, humiliates them or has acted in a way to make them feel worthless or scared? |  |  |  |
| Does the child live with (or has previously lived with) a parent or another adult who has pushed, grabbed, slapped or thrown something at them or has hit them so hard they had marks or were injured? |  |  |  |
| Does the child live with (or has previously lived with) a parent or another adult who had made them touch their body in a sexual way or attempt to actually have intercourse with them? |  |  |  |
| Does the child live with (or has previously lived with) a parent or another adult who has made them go without enough food or drink, clean clothes or a clean and warm place to live with for long periods? |  |  |  |

*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*.