**Please complete all sections and send to** [**davidhewson@gillford.cumbria.sch.uk**](mailto:davidhewson@gillford.cumbria.sch.uk)

Student Information for the Gillford Centre Referral KS3 and KS4

**mlittle@gillford.cumbria.sch.uk**

**Please password protect and remember to send the password in a separate email.**

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|  | **Checklist of evidence to support referral. Please attach the following information.** | **Enclosed** |
| **A** | Recently reviewed Early Help Assessment (EHA) CIN or CP Plan overrides this. |  |
| **B** | Statement of SEN / EHCP (if applicable) |  |
| **C** | Relevant information regarding support plans, behaviour strategies and interventions that have been implemented. Please also attach reviews. |  |
| **D** | Relevant information and advice received from other professionals involved with the student |  |
| **E** | Assessments to identify learning barriers |  |
| **F** | Copy of up to date attendance certificate |  |
| **G** | Copy of Behaviour log including Fixed Term Exclusion log |  |
| **H** | Copy of latest school report or assessments - including a list of subjects taken. |  |
| **I** | Copy of KS2/KS3 data. |  |

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| **School details** | | |
| **Referrers name:** | **Position held** | **Contact number / email address** |
| **School:** | **Main School No:** | **Name of best contact if not the referrer:** |

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| **Student details** | | | | |
| **Name of Child/Young Person**: | | **Gender: M/F** | **DOB:** | **Yr Grp:** |
| **Parent(s)/Guardian/Carer:** | | **UPN :**  **UPL:** | | |
| **Address:**  **Post code:** | | **Tel No:**  **Mobile No:** | | |
| **Language spoken:** | **Ethnicity:** | **Medical Information:** | | |
| **Please place X in all relevant sections as appropriate** | | | | |
| **Care Plan / Child Protection Plan/CIN :**  **(If yes please contact the Assessment centre with the information)** | |  | | |
| **Early Help (and name of Lead Professional)** | |  | | |
| **Child In Care:** | |  | | |

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| **Special Educational Needs. Please place X in all relevant sections as appropriate and comment** | | |
| **EHCP initiated: YES**  **NO**  ***EHCP must be attached to document*** | **Date EHCP was issued:** | **Comment:** |
| **SEN Status:** | **Date of last SEN Meeting:** | **Date of last review Meeting:** |
| **Are you aware of any additional needs in any of these areas? Please place X in all relevant sections as appropriate and comment** | | |
| Speech and Language |  | |
| Hearing |  | |
| Vision |  | |
| Specific Learning Difficulties |  | |
| Autistic Spectrum Disorder |  | |
| Attention Deficit Hyperactivity Disorder |  | |

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| **Triggers and Flash points:** |  |  |
|  | **YES / NO** | **Comment:** |
| Peer provocation |  |  |
| Work/task frustration |  |  |
| Poor academic ability |  |  |
| Noise levels |  |  |
| Teacher Responses |  |  |
| Social time incidents |  |  |
| Lunch time incidents |  |  |
| External factors |  |  |
| Medications (ADHD) |  |  |
| Formal lessons |  |  |
| Free activities |  |  |
| Exposing of self esteem |  |  |
| Not getting own way |  |  |
| Inability to comprehend instructions |  |  |
| Task frustration due to motor or sensor difficulties |  |  |
| Stigma-rejects or dislikes support |  |  |
| Social relationships |  |  |
| Inability to cope with physical demands of the day |  |  |
| Erratic learning patterns, loss of concentration |  |  |
| Adverse reaction to authority |  |  |
| Moving around class |  |  |
| Moving around school |  |  |
| Unfamiliar adults (supply visitors etc.) |  |  |
| Name calling |  |  |
| Being bullied |  |  |
| Manipulated |  |  |
| Being ignored |  |  |
| Peer rejection |  |  |
| Pupil catalyst (name pupils provoking behaviour) |  |  |
| Late for lessons (misses instructions) |  |  |
| Poor attendance (missed learning) |  |  |
| Reprimands |  |  |
| Just wants to be left alone |  |  |

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| **Other relevant professionals involved with the student.** | | | | |
| **Agency** | **Name of person** | **Role** | **Contact details** | **Current or Previous involvement** |
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| **Brief summary of reason for the PEX** |
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| **Additional Information - Please outline any further relevant information** |
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| **Risk Assessment**  **N.B. Risk of fatality or major injury being very likely is classed as HIGH, most other risks are MED or LOW** | | |
| **Hazard** | **Suggested precautions/ preventative strategies to be in place** | **Risk Level** |
| **Physical and Verbal Abuse** | | |
| Violent behaviour towards female staff |  |  |
| Violent behaviour towards male staff |  |  |
| Violent behaviour towards female peers |  |  |
| Violent behaviour towards male peers |  |  |
| Impulsive/dangerous behaviour |  |  |
| Made allegation of physical abuse by staff |  |  |
| Racial tension/ comments/ bullying |  |  |
| Verbal bullying |  |  |
| Inappropriate comments |  |  |
| Misrepresents comments or actions |  |  |
| Staff intimidation |  |  |
| Threats |  |  |
| **Substance Abuse** | | |
| Possession of lighters/ matches |  |  |
| Supplying drugs |  |  |
| Self abuse – drugs |  |  |
| Substance abuse inc smoking |  |  |
| **Sexual Behaviours** | | |
| Inappropriate sexual behaviour towards female staff |  |  |
| Inappropriate sexual behaviour towards male staff |  |  |
| Inappropriate sexual behaviour towards female peers |  |  |
| Inappropriate sexual behaviour towards male peers |  |  |
| Made allegations of inappropriate sexual contact |  |  |
| **Other Areas of Concern** | | |
| Self-harm |  |  |
| Suicide ideation |  |  |
| Panic attacks/ severe anxiety |  |  |
| Suicide attempts |  |  |
| Leaving centre without permission / truancy |  |  |
| Inappropriate behaviour in car/ vehicle |  |  |
| Escapes from staff on trips |  |  |

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| **Referral authorisation and consent - This section to be completed and signed by Head Teacher or Deputy Head** | | |
| **Head Teacher / Deputy Head** | **Signed** | **Date** |
|  |  |  |

**Appendix A**

Seeks the consent via signature of the parent/carer and child/young person to the sharing among agencies of relevant information held by each agency.

**Parent/carer and child/young person consent to information sharing**

Sometimes when you and your family have a problem you may need to speak with a lot of different people such as teachers, doctors, speech therapists, social workers etc. to get help. In order to help/ enable these professionals to work together to help you or your family, they often need to share information that each of them holds. This helps them to better understand your needs and organise their services to meet them.

We would like, therefore, to have your consent to the agencies (usually Health, Education, and Social Services) sharing the information held by them that may prove useful in helping to plan for meeting your or your child’s needs and to arrange continuity of education during their recovery.

Obviously any personal information about you and your family will be discussed under strict rules, in line with the law, and will not be given to any other persons who are not involved in the process of planning to meet your and your family’s needs.

The Data Protection Act says that the processing of information should be fair and lawful, that it should be for a clear and specified purpose, that only relevant information should be disclosed, that it should be accurate, that it should be shared and held only for as long as necessary, that the rights of the data subject must be upheld, and that the system should be secure. The law also says we must share information in order to safeguard or protect a child or young person.

**I agree to information being shared and discussed between professionals to help me/my child. I understand that I will be consulted following these discussions regarding any future planning and actions.**

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| Name of child/young person: | |
| Signature: | Date: |
| Name of principal/main carer: | |
| Signature: | Date: |

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| **If, exceptionally consent has not been sought or the parent/carer and/or child/young person has not given consent, please say why.** |