# **Inclusion Service Referral Form**

0116 305 2071

inclusionpupilsupport@leics.gov.uk – Please send this form using secure emails (i.e. EGRESS/AnyComms)

Please tick the reason for your contact:

* GENERAL ENQUIRY - COMPLETE FOR ALL REFERRALS ALONG WITH RISK ASSESSMENT
* POST 16 EDUCATION EMPLOYMENT OR TRAINING (EET) (No additional sections require completing)
* CHILD MISSING EDUCATION (CME) – ALSO COMPLETE SECTION 1
* ELECTIVE HOME EDUCATION (EHE) – ALSO COMPLETE SECTION 2 & ATTACH PARENTS NOTIFICATION OF EHE
* CHILD WITH MEDICAL NEEDS (CMN) – ALSO COMPLETE SECTION 3

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| **Referral Details:** |
| Has consent been gained for this referral from the person with parental responsibility? YES/NOIf yes, please provide a copy of the consent you have gainedIf no, anonymous advice will be given only, please only provide the child’s initials leaving other personal details blankParental consent is not required where statutory duty is breached, such as a child missing education. |
| Name and Organisation of Referrer: |
| Contact number and email: |
| **Child/Young Person’s Personal Information:** |
| First name(s): | Last name: | DoB: |
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| Setting Name and contact number: | Year Group:  | Gender: | Ethnicity and First Language: |
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| If known Capita Pupil ID: | Address: |
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| If known Mosaic ID | Post code:  |
| Tel no:Email: |
| **Family Information:**  |
| Title / Name of Parent(s)/Carer(s) | Relationship to child? | Address and contact number*(if different to pupil)* | Please tick who has parental responsibility |
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| **Details of Siblings:** |
| Name | Date of Birth  | Setting  | Year Group |
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| **Social Care Involvement:** |
| Is the child known to social care? Yes/ No | Name of Social Worker:  |
| 🞏 LAC/Adoption 🞏 Child Protection 🞏 Child In Need |
| **SEND Support** |
| Does the child have access to SEN support plan? YES/NO Is the child being assessed for an EHCP? YES/NODoes the child have an EHCP? YES/NOIf yes please provide the name of the SEN Officer/Case Worker: |
| **Attendance**  |
| Last date attended: Number of days absent in the current academic year: |
| **Exclusions** |
| Number of Fixed Terms in the current academic year: |
| **Contacts of Other Agencies Involved with Child:** |
| Name | Agency | Contact number | Email | Involvement/Referral date |
|  | Children and Family Wellbeing |  |  |  |
|  | CAMHS |  |  |  |
|  | School nurse |  |  |  |
|  | GP |  |  |  |
|  | Paediatrician |  |  |  |
|  | Autism Outreach |  |  |  |
|  | Ed. Psychologist |  |  |  |
|  | Specialist Teaching |  |  |  |
|  | Youth Offending |  |  |  |
|  | Diana Nurse  |  |  |  |
|  | Voluntary org: |  |  |  |
|  | Other: |  |  |  |
| Has the child been discussed at an Inclusion Forum? YES/NO If yes please provide dates: |
| **How do the parent/carer preferred to be contacted?** |
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| **Confirmation of Referral**  |
| Referrers Signature: | Date of Referral: |
| Please tick this box to confirm that they senior leadership within your setting are aware of this referral 🞏 |

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| **Risk Assessment:***Please complete the table below. Indicate as appropriate and mark whether the indicators are current, historic or unknown (in relation to the child and/or family)* |
| **Vulnerabilities, Warning Signs & Risk Indicators****(for the child and/or family)** | **Yes, No or Unknown (Y/N/U)?** | **Current, Historic or Unknown (C/H/U?)** | **Child, Family or Both (C/F/B?)** |
| **Behaviours** |
| Goes missing from School/Setting, Home or Care? |  |  |  |
| Involvement in criminal activities *(Possible offending patterns in the family)* |  |  |  |
| Whereabouts unknown (or unclear) – whether day or night |  |  |  |
| Exclusion and/or unexplained absences from school/setting (*or not engaged in education, employment or training)* |  |  |  |
| Displaying harmful sexualised behaviours |  |  |  |
| Gang member or association |  |  |  |
| Aggressive behaviour towards others (*sometimes leading to fixed term exclusions)* |  |  |  |
| Social and/or learning difficulties |  |  |  |
| Isolated from peers / social networks *(not mixing with their usual friends)* |  |  |  |
| Low self-esteem / Self-harm requiring medical treatment / Eating disorders / Emotional Health issues *(including anxiety related issues, suicidal ideations etc)* |  |  |  |
| History of mental health difficulties |  |  |  |
| **Adverse Childhood Experiences** |
| Bereavement or loss |  |  |  |
| Breakdown of living and/or family relationships *(sometimes leading to staying out overnight)* |  |  |  |
| Domestic abuse / violence |  |  |  |
| History of being bullied or being a bully |  |  |  |
| Sexual, physical, emotional abuse/neglect |  |  |  |
| At risk of Child Sexual Exploitation (CSE) *(known or suspected)* |  |  |  |
| Migrant / Refugee / Asylum seeker |  |  |  |
| Evidence of poverty and/or deprivation |  |  |  |
| Drug / alcohol and/or substance misuse |  |  |  |
| Young Carer |  |  |  |

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| **Professional Assessment:****Please ensure you take time to complete all of the sections below** |
| *(The previously completed* ***Risk Assessment: Vulnerabilities, Warning Signs & Risk Indicators*** *should help inform your professional judgement when completing this section of the referral form)* |
| **What are you worried about?***Include risk factors, whether the pupil is suffering or likely to suffer significant harm** *Harm – actual hurt, injury or abuse (likely) caused by adults in the past or present*
* *Risk taking behaviour by the child / young person*
* *Any complicating factors*
 | 1.2.3. |
| **What do you think is working well?** *Include protective factors:** *People, situations & actions that contribute to the wellbeing of the child*
* *Actions already being taken to make sure the child is safe*

*(These could be at school/setting or within the home)* | 1.2.3. |
| **Professional Judgment***Please use your professional judgement to reflect upon the indicators you have ticked and consider the health, welfare and safety of the child / young person in question and complete the rating scale* | *Rating scale**No concerns Very concerned* **1** **10**Please indicate your current concerns using the scale above |
| **What do you think needs to happen next (outcomes)?***This is the initial plan and should include what outcomes you are hoping to achieve and by when (short, medium and long term)* | 1.2.3. |

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| **SECTION 1 – CME REFERRAL ONLY****Please refer to page 8 of the Children Missing Education Statutory Guidance 2016**CLICK LINK: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf>  |
| **Actions taken by the referrer:** | **Outcome** |
| Has the whereabouts of the child been checked with parents, staff, siblings, friends and other pupils? |  |
| Has contact been made with any known extended family and/or emergency contact numbers?  |  |
| Has a visit to the home/last known address been completed? *(Are their visible signs that the property is occupied?)*  |  |
| **SECTION 2: EHE REFERRAL ONLY****Please provide a copy of the DfE Guidance to Parents/Carers**CLICK LINK: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791528/EHE_guidance_for_parentsafterconsultationv2.2.pdf>  |
| What reason has the family given for withdrawing the child from school/setting to pursue EHE? | 🞏 Cultural life choice 🞏 Pending alternative educational provision🞏 Parent felt educational provision could not meet need 🞏 Breakdown in relationship between school/setting and  parent🞏 Child with medical needs/SEND needs🞏 Mental Health/Social Anxiety🞏 Attendance difficulties Other please specify: |
| Will Elective Home Education be a short-term or permanent option? |  |
| Are there any concerns regarding withdrawing the child from the school/setting or achieving their progress targets? If so, please provide details  |  |

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| **Key Stage Results:***Please specify key stage levels, which may include teacher assessed grades / predicted grades as appropriate* |
|   | **KS1** | **KS2** | **KS3** | **KS4** |
| English |  |  |  |  |
| Maths |  |  |  |  |
| Science |  |  |  |  |

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| **GCSE Options (if appropriate) or Vocational Options:***Please provide details of examination boards, coursework etc.* |
| Subject | Board | Qualification | Predicted Grade | Achieved Grade | Coursework completed? |
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| **Please list any planned statutory tests and/or examinations providing dates & locations** |
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| **SECTION 3 – CMN REFERRAL ONLY****Please refer to Supporting pupils with Medical Conditions 2017 & SEND Code of Practice** CLICK LINK: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> CLICK LINK: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>  |
| Does the child have a medical diagnosis YES/NO |
| Please give details of any medical conditions which the school/setting is already aware of and details of any medication / treatment |
| Confirmed Medical Diagnosis | Medication / Treatment or Intervention |
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| **Medical Professional Advice Given** |
| How the illness affects the child’s learning – please state:  |
| What interventions have the school/setting put in place to meet the child’s medical needs and to support them to remain in school: |
| If the child is not attending school/setting has medical advice been provided on strategies that could help the child attendance improve – please state: |
| Where the child is not attending:Please provide details of the education that is being provided?What is in place to ensure that the child can maintain contact with their peers? |

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| Maths |  |  |  |  |
| Science |  |  |  |  |

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| **Please list any planned statutory tests and/or examinations providing dates & locations** |
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| **Essential Documentation Checklist:** |
| If the following information is not provided the processing of the referral may be delayed | Please Tick  |
| Current Medical Consultant Letter  |  |
| CAMHS report  |  |
| Educational Psychologist Report  |  |
| SEN/Pastoral Support Plan |  |
| In Patient Discharge Information  |  |
| Supporting Documentation from  |  |
| **Recoupment Policy** |
| Please tick this box to confirm that they senior leadership within your setting have read the Recoupment Policy if referring for Medical Needs 🞏 |

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| **Official Use Only:** |
| Has consent been gained for this referral from the person with parental responsibility? YES/NO  |
| Date referral acknowledged at point of processing:  |
| Actions:* Email Response/Call to referrer
* Systems Checked and updated where needed
* Gain Family and Child Voice
* Inclusion Pathway Management Oversight
 | Date Date DateYes/No |
| Next Steps: |
| Pass to East 🞏 West 🞏 Pathway Manager 🞏  |
| Pathway Manager Oversight  |