**Alternative Provision Referral Form**

In line with GDPR regulations, please send this form via an encrypted email (e.g., OME) stating **OFFICIAL-SENSITIVE** in the subject field.

***Please note: if you do not send evidence of parental consent, your referral will not be considered****.* ***All parental and other electronic signatures will be taken as full permission to progress this referral.******Please also ensure that you and the parents / carers are familiar with how data is collected and shared as outlined here:*** [**Privacy notice - Suffolk County Council**](https://www.suffolk.gov.uk/about/privacy-notice)

***Please note: All required information and supporting documents must be included in this form or it will be returned to referrer to complete prior to any request being considered further.***

This is a referral form for schools to refer a child or young person to Alternative Provision.

For guidance on how to fill in this referral form, please refer to the Guidance which can be found on the Local Offer page.

As a reminder, the role of Alternative Provision is to provide children and young people with another education setting that may suit their current needs, that provides:

* Early and short-term intervention to support pupils in their school or in placements between schools and AP;
* Education in the local community;
* Pupil centred interventions to ensure engagement in a curriculum that is appropriate and includes core subjects;
* Flexible support, according to need and which considers the whole child within their family context;
* Opportunities for pupils to develop positive relationships, build resilience and emotional wellbeing;
* Range of approaches, strategies, and skills to enable pupils to reintegrate into mainstream school as soon as possible.

Alternative Provision is for children and young people who are:

* At risk of being permanently excluded.
* Permanently excluded and need an education setting until the pupil is placed in a new school or setting.
* In need of targeted and specific in/outreach support and early intervention.
* Struggling to have their needs met in the current setting and the AP can temporarily meet the needs while other provision is being sourced.

In order to complete this referral, you will need:

* Evidence of parent/carer consent.
* The voice of the child or young person and parent/carer.
* Supporting documentation on assessments and/or interventions and their impact.
* Current risk assessment(s).
* A named designated Professional Lead and their contact details. This individual will be responsible for the referral and monitoring progress throughout the placement.

If you have any queries or questions about this referral form, please contact [APinbox@suffolk.gov.uk](mailto:APinbox@suffolk.gov.uk)

**Section 1: School referrer details**

|  |  |
| --- | --- |
| School name |  |
| School locality |  |
| Name of Professional Lead for referral |  |
| Professional Lead’s email address |  |
| Professional Lead phone number: |  |
| School’s main email address |  |

**Section 2: Documents that will be submitted with this referral**

*Those with an asterisk\* are mandatory*

|  |  |
| --- | --- |
| Written parental/carer consent\*  Please also confirm by ticking here that the parent / carer is familiar with how data is collected and shared as outlined here: [Privacy notice - Suffolk County Council](https://www.suffolk.gov.uk/about/privacy-notice) |  |
| Assessment/attainment records from the last 12-18 months (using standardised scoring where possible) \* |  |
| Evidence supporting interventions or assessments and their impact\* |  |
| Documents relating to risk assessments or signs of safety\* |  |
| Evidence of using the Suffolk Inclusion Toolkit, including VSEND radar |  |

**Section 3: Pupils details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname (capitals) | |  | | Forename(s) |  |
| Date of birth |  | Current NCY |  | UPN |  |
| Pupil’s sex at birth | |  | | | |
| Pupil’s pronouns  (if different from sex at birth) | |  | | | |
| Current education setting | |  | | | |
| Locality of education setting (North / South / West / Other) | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (where currently living) |  | | |
| Postcode |  | Home tel no. |  |
| Nationality |  | | |
| Home language 1 |  | Ethnicity | WENG - White English |
| Home language 2 |  |

**Section 4: Schools voice on pupil’s strengths and presenting needs**

|  |
| --- |
| **Please explain what the pupil’s strengths are:** |
|  |
| **Please explain what is currently happening in the pupil's life and any historical context that should be considered/known:** |
|  |
| **Please explain what the pupil’s hobbies, passions, interests and ambitions are:** |
|  |
| **Please state one or two things that this pupil has progressed with or tried to improve:** |
|  |

|  |  |
| --- | --- |
| **What is the pupil’s current presenting need?** | |
| Communication and interaction (including SLCN) |  |
| Cognition and learning (including SpLD) |  |
| Social, emotional and mental health (including independence) |  |
| Physical / Sensory / Medical  (*with clinically diagnosed sensory loss and not sensory processing or integration difficulties)* |  |

*Suggestion: It may be useful to refer to the Suffolk Inclusion Toolkit to understand the pupil's needs further and completing a VSEND radar. If you need support with this, please refer to the referral form guidance.*

|  |
| --- |
| **Please give a summary of the pupils current presenting need(s) in line with the areas of need(s) selected above, including any key presenting barrier(s) to learning** |
|  |

|  |
| --- |
| **Please give a summary of the interventions and assessments undertaken by your school in relation to the presenting need(s), including behaviours, and their effectiveness:** |
|  |

|  |  |
| --- | --- |
| **Please state the approximate start date of the graduated response and/or interventions** |  |

|  |  |
| --- | --- |
| **What factors may be influencing the pupil’s presenting needs?** |  |
| N/A |  |
| Family conflict / breakdown |  |
| Attachment insecurity |  |
| Often seeking adult attention |  |
| Experiencing changes in home life (e.g moving house/divorce/grief) |  |
| Gang affiliation |  |
| Young carer |  |
| Difficult school transition |  |
| History of involvement in crime |  |
| Financial problems or concerns |  |
| If other, please state: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please select which interventions/assessments are in place?** | | | |
| CP plan |  | Enrichment |  |
| Individual Learning Plan/Pastoral Support Plan |  | Mentor |  |
| Educational Psychologist Report |  | Reduced Timetable |  |
| Bespoke curriculum |  | Additional adult support for learning |  |
| Individualised timetable |  | NDD pathway |  |
| Specialist Education Services |  | Please state what assessments the pupil is awaiting: | |
| Currently awaiting assessment(s) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What service have you identified that would match the needs of the pupil?** | | | |
| Alternative Provision |  | Inclusion Facilitation |  |
| Other |  | If other, please state: | |

|  |  |
| --- | --- |
| **Please state what Key Stage will the pupil need** |  |

|  |  |
| --- | --- |
| **Please select your reason for referral** |  |
| The pupil has been permanently excluded and therefore needs a suitable educational provision |  |
| There is evidence to suggest that the pupil may need intense or specific targeted support |  |
| The pupil is at risk of exclusion |  |
| We would like further support / advice on next steps for this pupil |  |
| If other, please state: |  |

|  |
| --- |
| **Please state what the desired outcomes for the pupil during and after the placement are:** |
|  |
| **Please explain why the selected service will help this pupil with their current needs, future ambitions, and desired outcomes after the placement?** |
|  |

**Section 5: Voice of the pupil**

***Disclaimer: this section must be filled in with the voice of the pupil***

|  |
| --- |
| **What would you say are your strengths?** |
|  |
| **What skills or behaviours do you hope to develop in the suggested education setting?** |
|  |
| **What do you want to happen and what support do you think you will need?** |
|  |

|  |
| --- |
| **What are your long-term ambitions and goals? This can be related to learning or anything else** |
|  |
| **Do you have any worries or concerns?** |
|  |

**Section 6: Voice of the parent/carer**

***Disclaimer: this section must be filled in with the voice of the parent/carer***

|  |
| --- |
| **What are your feelings or thoughts on this referral?** |
|  |
| **If this referral to is successful, what are your expectations as to what will change / improve for your child or young person?** |
|  |
| **What actions / support will you put in place for your child or young person?** |
|  |

**Section 7: Pupil’s education history and assessment records**

|  |
| --- |
| **Please summarise the pupil’s educational history, including any key dates**  **If applicable, please include:**   * **Reasons for school moves/managed moves** * **Elective Home Education** * **Permanent exclusion(s)** * **Suspension(s)** |
|  |

|  |  |
| --- | --- |
| **What is the pupil’s current attendance record (%)** |  |

**Section 8: Additional considerations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please select those that apply to the pupil** | | | |
| Young Carer |  | Child Protection |  |
| Child in Care |  | Safeguarding risk/concern |  |
| Has medical needs or conditions\* |  | Child in Need |  |
| N/A |  | If other, please state: | |

|  |
| --- |
| **\*If applicable, please state any medical needs or conditions and the support in place** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What agencies are currently supporting this pupil?** | | | |
| Children's Social Care |  | Early Help |  |
| Youth Justice Service |  | Education Welfare Officer |  |
| Speech and Language Therapy |  | Educational Psychology |  |
| Child Psychiatrist |  | CAMHS |  |
| Occupational Therapy |  | Behaviour Support Service |  |
| Specialist Education Services  Which service(s)  Dates: |  | Child Sexual Exploitation Team |  |
| If other please state: |  |
| N/A |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is any of the following support currently in place?** | | | |
| Free School Meals |  | Looked After Child |  |
| Individual Education Plan |  | Individual Behaviour Plan |  |
| Pastoral Support Plan |  | Special Educational Needs (SEN) Support |  |
| Education Health Care Plan |  | Elective Home Education |  |
| English as an Additional Language |  | Education and Health Care Needs Assessment |  |
| N/A |  | If other please state: |  |

|  |
| --- |
| **Please enter any other information not considered in this referral that will need to be considered. For example, the pupil cannot be placed in X AP setting or locality because of Y** |
|  |

**PLEASE SEND THIS REFERRAL TO:** [**APinbox@suffolk.gov.uk**](mailto:APinbox@suffolk.gov.uk)

**Appendix**

**DfE guidance on Alternative Provision**

* [Alternative Provision Statutory Guidance (DfE 2013)](https://assets.publishing.service.gov.uk/media/5fcf72fad3bf7f5d0a67ace7/alternative_provision_statutory_guidance_accessible.pdf)
* [Creating opportunity for all: our vision for alternative provision (DfE 2018)](https://assets.publishing.service.gov.uk/media/5b1550c0ed915d2cccc8d30d/Creating_opportunity_for_all_-_AP_roadmap.pdf)
* [Keeping Children Safe in Education (DfE 2023)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf)
* [School Attendance Guidance (DfE 2022)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1073591/School_attendance_guidance_May-2022.pdf)
* [Thematic reviews of alternative provision in local areas (DfE 2023)](https://www.gov.uk/government/publications/thematic-reviews-of-alternative-provision-in-local-areas)
* [Suffolk County Council Privacy Notice](https://www.suffolk.gov.uk/about/privacy-notice)