**INCLUSION SERVICE 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. ***All parental and other electronic signatures will be taken as full permission to progress this referral.***

**Section 1: Pupil details and reason for referral**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname (capitals) | |  | | Forename(s) |  |
| Date of birth |  | Current NCY |  | UPN |  |
| Gender | |  | | | |
| Current education setting | |  | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for referral (tick one box only)** | | | | |
| **Appendices must be completed where marked with \*** | | | | |
| **Alternative Tuition Service (ATS) \***  **Please complete and return this form to**  [**ATS@suffolk.gov.uk**](mailto:ATS@suffolk.gov.uk) | | | |  |
| **IYFAP**  **Please complete and return this form to** [**IYFAPinbox@suffolk.gov.uk**](mailto:IYFAPinbox@suffolk.gov.uk) | | | | |
| School Admissions | | | |  |
| Managed move (please include relevant supporting information and a risk assessment) | | | |  |
| Reintegration | | | |  |
| **Pupil referral unit / alternative provision request**  **Please complete and return this form to** [**APinbox@suffolk.gov.uk**](mailto:APinbox@suffolk.gov.uk) | | | |  |
| Reception/Key Stage 1 | |  | Key Stage 2 |  |
| Key Stage 3 | |  | Key Stage 4 |  |
| 1. **Permanent exclusions: please send to the Education Access Team**   **Education Access Team –** [**EducationAccess@suffolk.gov.uk**](mailto:EducationAccess@suffolk.gov.uk) | | | |  |
| Date of permanent exclusion |  | | | |
| Reason for permanent exclusion: | | | | |
| 1. **Specialist education setting request for assessment nurseries and Reception/KS1 specialist units ONLY. To be considered by Specialist Education Panel.**   **Please complete and return this form to** [**specialist.admissions@suffolk.gov.uk**](mailto:specialist.admissions@suffolk.gov.uk) | | | | |
| Type | | | | |
| Assessment nursery | |  | Specialist unit - Reception / KS1 |  |
| Primary need (**select one only**) | | | | |
| Cognition and learning | |  | Communication and interaction |  |
| Social, emotional & mental health | |  | Sensory / Physical |  |

**Child in Care (If applicable)**

|  |  |
| --- | --- |
| Child in Care |  |
| If a Child in Care, name of Authority |  |
| Child in Care status |  |
| Social worker |  |

**Social Care**

|  |  |  |  |
| --- | --- | --- | --- |
| Child in Need |  | Child Protection 0-18 |  |
| Child in Care 0-16 |  | Court of Protection 18+ |  |
| Leaving Care 16+ |  | Adult and Community Services 18+ |  |
| Early Help 0-18 |  | Disabled Children and Young People 18+ |  |

**SEND stage**

|  |  |
| --- | --- |
| SEND Support |  |
| Education Health Care (EHC) Needs Assessment requested |  |
| Education Health Care (EHC) Needs Assessment started |  |
| Education, Health and Care (EHC) Plan |  |

**Additional information**

|  |  |  |  |
| --- | --- | --- | --- |
| Free School Meals |  | Pupil Premium |  |
| High Needs Funding |  | High Needs Funding Band |  |
| Current attendance |  | | |

**Section 2: profile of need**

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| --- | --- | --- |
| **Areas of need** (select **only one** primary need) | **Primary** | **Additional** |
| Communication and interaction (including SLCN) |  |  |
| Cognition and learning (including SpLD) |  |  |
| Social, emotional and mental health |  |  |
| Sensory / Physical (*with clinically diagnosed sensory loss and not sensory processing or integration difficulties)* |  |  |

|  |
| --- |
| **Assessment Data** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Key Stages 3 and 4** |  | | | | | | **End of Key Stage 2 outcomes** | **Reading:**  **Writing:**  **Maths:** | | | | | | **Current progress in English and Maths *(KS3/4)* (*please comment on progress over time*)** |  | | | | | | **Current attainment in English and Maths (KS3/4) (please include standardised assessments)** |  | | | | | | **Target / predicted grades for the end of KS4 OR grades already achieved at KS4** | **English** | **Maths** | **Science** | | **Other subjects** | |  |  |  |  | |  | | **Key Stages 1 and 2** |  |  |  | |  | | **Current progress in Reading, Writing and Maths *(KS1 or KS2* ) (*please comment on progress over time*)** | **Reading:** | **Writing:** | | **Maths:** |  | | **Current attainment / performance in Reading, Writing and Maths *(KS1 (where appropriate, or Key stage 2)*** | **Reading: (*including standardised score/reading age/ date of assessment/test used):*** | **Writing: *(including spelling standardised score/date of assessment /test used):*** | | **Maths: *(including standardised score/maths age/date of assessment/test used):*** | **G.P.S. test scaled score (*Key Stage 2):*** | |  |  | |  |  | | **Target / predicted end of Key Stage 2 assessments** | **Reading** | **Writing** | | **Maths** |  | |  |  | |  |  | |  | **Reading** | **Writing** | | **Mathematics** | **Science** | | **Year 2 teacher assessment** |  |  | |  |  | | **Year 2 phonics re-check if the threshold was not met in year 1** | Met the threshold  Yes / No | Score out of 40 | |  | | | **Year 1 phonics screening check** | Met the threshold  Yes / No | Score out of 40 | |  | | | **Reported outcome at the end of EYFS** | GLD Yes / No | Comments/additional information: | | | |  |  |  | | --- | --- | | **For assessment nursery applications, please provide assessment information here** |  | | **For Reception / Key Stage 1 Specialist Units applications, please provide assessment information here** |  |   Any further assessments relating to the learner’s profile of need (e.g., PhAB 2, CTOPP 2, BPVS 3, WRAT 5) |

**Section 3: Assess, Plan, Do, Review and the Graduated Response**

**Detail the current education setting’s APDR graduated response**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates(s) | SEND Area of Need | **Plan**: What strategy, intervention or approach has been implemented? | **Review**: Detail the impact achieved and the progress made |
|  |  |  |  |
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**Section 4: Education history**

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| --- | --- |
| **Known Previous Schools / Settings / EHE (Elective Home Education)** | **Dates attended** |
|  |  |
|  |  |
|  |  |

**Section 5: Exclusion data**

**Please detail below the Fixed Term and Permanent Exclusion history details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIXED TERM EXCLUSIONS Please insert rows below as required** | | | |
| Date of FTE | Length of FTE | Reason | Adjustments made to provision to support reintegration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **IMPORTANT** | |
| Is this child known to be at serious risk of violence or Child Criminal Exploitation (CCE)? | YES/NO |
| If at risk of CCE, has a referral been made to the MACE Panel?  [Multi-Agency Criminal Exploitation (MACE) Panel - Referral Form (office.com)](https://forms.office.com/Pages/ResponsePage.aspx?id=7GqcEEZQlUqPPIT2O6GK9DntyPrPwsBCnLg2_MWO0ZJUMDBXUkVTUUc4SjZFRUtGSUpIVlRZNkU0NyQlQCN0PWcu) | YES/NO |

|  |  |
| --- | --- |
| **FOR PERMANENT EXCLUSIONS**  **Is this child being permanently excluded? If so please provide details of the following (as required by the statutory guidance):** | |
| Has reference been made to the Statutory Guidance?  Suspension and Permanent Exclusion from maintained schools, academies and pupil referral units in England, including pupil movement (Sept 2023)  [School suspensions and permanent exclusions - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/school-exclusion) |  |
| Was the child provided with the opportunity to present their case before the decision was taken to exclude? If so, please provide details. |  |
| Were there any contributing factors taken into account (such as bereavement, bullying, mental health, trauma etc) |  |
| Has there been a multi-agency response to the child prior to this permanent exclusion? If not, please explain why? |  |
| Has a full range of assessment been carried out to establish that there are no underlying unmet needs that could have given rise to this exclusion? |  |
| What consideration been made as to the consequences for the child’s safety should they be permanently excluded? |  |
| Is there evidence of child and parent voice relating to the incident(s) which gives rise to this permanent exclusion? |  |
| If this as a result of cumulative exclusions, what has happened differently for this child and the application of your behaviour policy to mitigate the risk of further exclusions? |  |
| Is there an EHCP in place? If so, when was the last annual review? If not recently, please advise the date for which this has been arranged. |  |

**PLEASE NOTE the email address to use for permanent exclusions: EducationAccess@suffolk.gov.uk**

**Section 6: Other professionals / services / agencies involved**

**State if any other agencies are currently involved or have been in the last 6 months with this pupil and/or family and provide details of each agency’s key worker and or telephone number**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Key worker name** | **Contact details** | **Date of last contact** |
| Psychology and Therapeutic Services (P&TS) |  |  |  |
| Specialist Education Services (SES) |  |  |  |
| Social Care (Please specify team) |  |  |  |
| Early Help (Please specify team) |  |  |  |
| Suffolk Youth Justice Service |  |  |  |
| Health (Please specify) |  |  |  |
| Mental Health Services (Please specify) |  |  |  |
| Other(s) please list below: |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 7: Stakeholders’ views**

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| --- |
| **Stakeholders’ Views** |
| Child’s View (What is working well? What are you worried about?) |
| Parent/carer’s Views (What is working well? What are you worried about?) |
| School’s View (What is working well? What are you worried about?) |

**Section 8: Referrer details**

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| --- | --- | --- | --- |
| **Referrer details** | | | |
| Forename(s) |  | Surname |  |
| Role |  | Telephone |  |
| School or service |  | | |
| Address |  | | |
| Email |  | | |
| Signature |  | Date |  |

**Section 9: Parent / carer details and permissions**

**Parent / Carer details**

Full name(s) of all persons with legal parental responsibility / carers (with addresses if different) and relationship to the pupil

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) | |  | |
| Title |  | | Relationship to child | | |  |
| Address (if different from pupil’s) | | | Parental responsibility? | | | Choose an item. |
|  | | | Telephone |  | | |
| Mobile |  | | |
| Postcode | |  | Email |  | | |
| Home language | |  | Interpreter needed? | YES / NO | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) | |  | |
| Title |  | | Relationship to child | | |  |
| Address (if different from pupil’s) | | | Parental responsibility? | | | Choose an item. |
|  | | | Telephone |  | | |
| Mobile |  | | |
| Postcode | |  | Email |  | | |
| Home language | |  | Interpreter needed? | YES / NO | | |

I / We the parent(s) / carer(s) understand that:

* The referrer may attend a meeting on our behalf regarding the information shared in this form.
* Personal information about me / my / our child may be shared with other professionals who are, or have been, involved with me / my / our child and seek relevant information from them to decide what additional support or provision may be needed. **Please indicate here any exceptions:**

**I am / we are in agreement with the information included in this form**

**Please see link to the SCC CYP Privacy Notice:** <http://www.suffolk.gov.uk/CYPprivacynotice>

**Parent(s) / carer(s) signature** -Not required for a permanent exclusion notification

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I have read all the information on this form, including the SCC CYP Privacy notice** <http://www.suffolk.gov.uk/CYPprivacynotice> | | | |
| Signature |  | Date |  |
| Signature |  | Date |  |

**All information contained within this referral form must be shared with the parent(s) / carer(s) and a signature must be obtained. The exception to this is where the form is completed following a permanent exclusion. Forms will be returned and not processed until a signature is obtained.**

**INCOMPLETE REFERRALS WILL BE RETURNED TO THE REFERRER.**

**Section 10: Relevant appendices**

**Please tick that you have included the following with this referral:**

|  |  |  |
| --- | --- | --- |
| Appendix | Alternative Tuition Service |  |