LARCHES

HIGH SCHOOL

 ***Important please note*:**

* All children in need of additional support or advice **must have a CAF in place**
* Please **attach additional documents**: CAF (**please ensure CAF Number is added**), attainment data, current and last academic year attendance certificate & behaviour logs, fixed term exclusion record (fill in boxes – No. of periods/total days)
* Copy of EHCP/Statement (if applicable)
* Relevant Coursework
* CAMHS / EP / CSE / Other professionals’ reports (if applicable)
* Risk Assessment (if required)
* Key Stage Information (fill in boxes)
* Exam access arrangements (fill in boxes)
* Please note that incomplete referrals will not be processed until all relevant information is received
* Return to: **s.romain@larches.lancs.sch.uk** ***(please do not email to head or bursar)***
* We will get back to you within five working days of receipt of the completed application

**KEY DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | Year Group: |  |
| School ID Number: |  |
| Child’s name: |  | DOB: |  |
|  |
| UPN: |  | ULN: |  |
| UCI: |  |  |
| Attendance:  | Current % | Last Term: % | Last Academic Year: % |
| Exclusions: | Periods Days |

|  |  |
| --- | --- |
| Name of main Carer: |  |
|  |
| Address: |
|  |
|  |
| Tel Numbers: |  |  |
|  |  |  |
| Email Address :  |

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| --- | --- | --- | --- | --- | --- | --- |
| CLA: |  |  Yes |  |  No |  |  |

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|  |
| Ethnicity: |  | Language spoken: |  |
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| --- | --- | --- | --- | --- | --- | --- |
| FSM eligibility |  |  Yes |  |  No |  |  |
| Pupil Premium |  |  Yes |  |  No |  |  |

**Reason for referral to Larches High**

|  |  |  |  |
| --- | --- | --- | --- |
|  Behaviour: |  | Medical: |  |

**Please note Intervention and CLA places are charged at £200 per week, plus any additional funding e.g. PPG, PEP.**

**In addition, transport MUST be arranged and funded by the school making the referral.**

|  |  |
| --- | --- |
| Current Provisionie Reduced/ Alternative provision: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person making the referral: |  | Role: |  |
| Contact number: |  | Email: |  |

**Academic Attainment - for all subjects studied (please ensure all columns completed)**

|  |  |  |  |
| --- | --- | --- | --- |
| All Subjects | Present Performance Grade | PredictedPerformance Grade | Teaching staff contact email |
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**Current Options - Please detail which GCSE/NVQ options the pupil is taking**

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| --- | --- | --- | --- | --- |
| Subject | Exam Board | Current working grade | Predicted grade | Qualificationie. GCSE/NVQ/BTEC |
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**Special Educational Needs and Medical Information**

|  |  |
| --- | --- |
| SEN status |  |
| Date of last SEN Meeting |  | Date of last review |  |
| EP Involvement? |  | Date EP seen |  |
| Name of EP |  | Outcomes of EP involvement |  |

|  |  |
| --- | --- |
|  |  |
|  | **Are you aware of additional needs in any of these areas?** Please ‘x’ the box and comment |
|  |  |
|  | **Hearing** |  |  |  |
|  |  |  |  |  |
|  | **Vision** |  |  |  |
|  |  |  |  |  |
|  | **Speech & Language** |  |  |  |
|  |  |  |  |  |
|  | **Specific Learning Difficulties** |  |  |  |
|  |  |  |  |  |
|  | **Autistic Spectrum Disorder** |  |  |  |
|  |  |  |  |  |
|  | **Attention Deficit Hyperactivity Disorder** |  |  |  |
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|  | **Other (please specify)** |  |  |  |
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| **Support Services Involvement** Please ‘x’ the box and give the contact name and dates of intervention(s) |
| **Early Intervention Team**  |  |  |
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| **Child & Adolescent Mental Health Services** |  |  |
|  |  |  |
| **Youth Offending Team** |  |  |
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|  |  |  |
| **Children Social Care** |  |  |
|  |  |  |
| **Addaction** |  |  |
|  |  |  |
| **Child Action North-West** |  |  |
|  |  |  |
| **Other:** |  |  |
|  |  |  |
| **Alternative Providers e.g. PVC**  **CWP**  |  |  |

**Exam Access Arrangements approved? Yes/No (If Yes please indicate support to be provided)**

|  |
| --- |
| **Learning Profile** |
|  |
|  |
| **UCI Number (Exam Officer)** |  |
|  |  |
| **Reading** | **Test used** |  | **Spelling** | **Test used** |  |
| **Test score** |  | **Test score** |  |
| **Date of test** |  | **Date of test** |  |
|  |  |  |  |  |  |
| **Comprehension** | **Test used** |  |  |  |  |
| **Test score** |  |  |  |  |
| **Date of test** |  |  |  |  |
|  |  |  |  |  |  |
|  | **Mean** | **Verbal** | **Non-Verbal** | **Quantitative** | **Reasoning** |
| **CAT Scores** |  |  |  |  |  |
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|  | **Child’s Aspirations** |
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|  | **What is the desired next destination?** |
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|  | **What are the child’s strengths/aptitudes/skills?** |
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|  | **Membership of Clubs** |
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|  | **Child’s Career aims** |
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**Key Issues for the Pupil – Please mark with a X all those relevant**

**School based**

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| --- | --- | --- | --- | --- | --- |
| Accessing off site provision |  | Acute behavioural issues |  | Many historical school moves |  |
| Attendance Issues |  | SEN support / EHC Plan |  | Issues at primary school |  |
| Punctuality issues |  | Disaffected |  | Managed moves tried |  |
| Regular exclusions |  | Seen E.P. |  | Intervention at a Primary PRU |  |
| Disruptive behaviour |  | Progress below expectations |  | E.A.L. |  |
| Literacy Concerns |  | Numeracy Concerns |  | Gifted and Talented register |  |

**Personal**

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| --- | --- | --- | --- | --- | --- |
| Child looked after |  | Perpetrator of bullying |  | Trauma experience |  |
| Anger Management Issues |  | Victim of bullying |  | Currently involved with YOT |  |
| Withdrawn and disengaged |  | Alcohol misuse |  | Historically a young offender |  |
| Physical Issues |  | Cannabis misuse |  | Sexually vulnerable |  |
| Mental Health Issues |  | Other drug misuse |  | Sexually inappropriate |  |
| Medical Issues |  |  |  | Self- harm issues |  |

**Family and Home**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Absent Parent |  | Parental mental health issues |  | Teenage parent |  |
| Social Care CIN Plan |  | Domestic abuse |  | Parent in prison |  |
| Social Care CP Plan |  | Adult substance misuse |  | Bereavement |  |
| External Agencies involved |  | Young carer |  | Negative peer group |  |
| Parental physical illness |  | Housing issues |  | Siblings with needs |  |
| Safeguarding Concerns |  | Risk Assessment required |  |  |  |

**Please provide further information for all those which are ticked and include any other relevant information**

**Intervention Strategies already used - Please mark with a X all those relevant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategy** |  | **Start Date** | **End Date** | **Detail** |
| **Reduced timetable** |  |  |  |  |
| **Family liaison** |  |  |  |  |
| **Managed Move** |  |  |  |  |
| **Alternative provision** |  |  |  |  |
| **Other -**  |  |  |  |  |

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| --- | --- | --- |
|  | **Can you confirm that Parents/Carers have been informed of the referral to the Larches High?** |  |
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**Please ensure that all safeguarding files are sent to Larches High School within 2 weeks of the pupil start date.**

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| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Designation** |  |