

Referral for Alternative Provision Placement

Details of Young Person	
Name:	DOB:
Category:	Yr Group:
Gender:	Attendance: %
Ethnicity:	First Language:

Current School:	
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Type of Provision Requested:	
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Details of Parents/Carers with Parental Responsibility	
Name:	Name:
Tel No:	Tel No:
Relationship:	Relationship:

			Detail/Comment
Parent/Carer permission given?	Yes		
LAC/Previously LAC	Yes		
SEN Statement/ECH Plan	Yes		
SEN (Non Statement// Ed,care & Health Plan	Yes		
Child Protection/Child in Need/TAC/CAF	Yes		

Parent/Carer School Preference	
1.	
2.	
3.	

Details of Referral
What has led to this young person being referred? Behaviour issues in school
How would the change of educational provision benefit the young person?

Previous Provision (e.g. previous school, managed moves, respite, part -time)		
Provision	From	To

External Agency Involvement (e.g. EP, Social Care, CAMHS, BIT, CAF, TAC)		
Agency	Key Worker	Contact Details

Additional Support /Intervention/Strategies Provided in School	
Strategy	Outcome

Young Person's View of The Referral (Where possible)

Parents/Carers View of The Referral (Where possible)

DO YOU CONSIDER THERE TO BE ANY RISKS TO LONE WORKERS VISITING THE HOME?

Documentation to Support the Referral		
Attendance Record	Attainment Record	Behaviour Log
CAF	SEN Records	Other

Person Making the Referral	Date:
Name:	Designation:
Tel No:	Email:

Please return to sheila.arnott@salford.gov.uk