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| **The Heights Burnley Alternative Provision Referral Form KS 1 & 2**  **All sections MUST be completed before the application is processed. Failure to do so will slow down the referral.**  **Please note by submitting this referral form you are accepting to pay the relevant charges which apply to this learner. Please Return Completed Forms to: *enquiries@theheightsburnley.com*** | | | | | |
| **Details of Young Person** | | | | | |
| **First Name(s)** |  | | | **Surname** |  |
| **Gender** |  | | | **Ethnicity** |  |
| **First Language** |  | | | **Religion** |  |
| **D.O.B** |  | | | **Year** |  |
| **Free School Meals** | **Yes**  **No** | **Date from** |  | **UPN** |  |
| **UCI** |  | | | **ULN** |  |
| **Address Including Postcode** |  | | | | |
| **Telephone Number** |  | | | | |
| **Parent/Carer Details** | **1st Contact** | | | **2nd Contact** | |
| **Name** |  | | |  | |
| **Relationship to Young Person** |  | | |  | |
| **Telephone Number** |  | | |  | |
| **Address if different from pupil’s home** |  | | |  | |
| **Email address** |  | | |  | |

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| **SEND Information** |

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| **Are they identified as having SEND needs?** | | **Yes**  **No**  **Monitoring** | | **What category(s)/ area (s) of need?** | | |  | | | | |
| **Do they have an EHCP?** | | **Yes**  **No** | | **Funding band:** | | |  | **Main area of need:** | |  | |
| **Are you collating information for/ considering an EHCP application?** | | **Yes**  **No** | | **Main area of need:** | | |  | **Have they seen the EP?** | | **Yes**  **No**  **On waiting list** | |
| **Please check the box for any identified, suspected needs and for those on the pathway for potential diagnosis. Please indicate in referrals/ agency working where these are up to.** | | | | | | | | | | | |
| **Speech and language** | **ASC** | | **ADHD** | | | **Specific learning difficulties:**  **Dyslexic traits**  **Dyslexia** | | | | | **Specific learning difficulties:**  **Dyscalculia**  **Dyscalculic traits** |
| **Specific learning difficulties:**  **Other** | **Cognition and learning** | | **Communication** | | | **Sensory** | | | | | **Mental health** |
| **Social** | **Emotional** | | **Other please describe** | | |  | | | | | |
| **Description of needs** |  | | | | | | | | | | |
| **What provision is/ has been in place to support their needs?** |  | | | | | | | | | | |
| **Have they had any additional in/ out of class support?** | **Yes**  **No**  **Historically** | | **Please list/ describe** | | |  | | | | | |
| **Have they had any referrals/ agency involvement now or historically – where to, what for, outcome?** | **Current** | | | | **Referrals** | | | | **Historic** | | |
|  | | | |  | | | |  | | |
| **Do parents have any SEND concerns? Please describe:** |  | | | | | | | | | | |
| **Contact details for SENDCO** |  | | | | | | | | | | |

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| **Medical/Health Information** | | | | | | | | | | | |
| **Does the student have any medical issues that we need to be aware of?** | | **Yes**  **No** | | | | **Is the student currently taking any medications?** | | | | **Yes**  **No** | |
| **If Yes please state in the attached box** | |  | | | | **If Yes please state in the attached box** | | | |  | |
| **Safeguarding** | | | | | | | | | | | |
| **Is the young person subject to a Child Protection Plan?** | | | | | | | **Yes**  **No** | | | | |
| **Safeguarding status** | | | | | | | CIOC CP CIN CAF | | | | |
| **Name of Social Worker** | | |  | | | | | | | | |
| **Telephone Number/Email Address** | | |  | | | | | | | | |
| **Details of Home Situation** | | |  | | | | | | | | |
| **Have they ever experienced:** | | | | | | | | | | | |
| Loss eg divorce, abandonment  Yes | Exposure to alcohol and/ or drugs in the home/ family situation  Yes  No | | | | Family member in prison  Yes  No | | | | Sibling with significant needs/ young carer  Yes  No | | | |
| Exposure to DV  Yes  No | Neglect or abuse  Yes  No | | | | Mental health difficulties within the family  Yes  No | | | | Other ACEs  Yes  No | | | |
| **Please give details as necessary** | | | |  | | | | | | | |
| **Have the young person’s parents/carers been contacted and are they in agreement with this referral?** | | | **Yes**  **No** | | | | | **Does the Young Person agree with the referral?** | | | **Yes**  **No** |
| **How will the student get to school?** | | |  | | | | | | | | |

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| **Risk Assessment** | | | | | |
| **Area of Risk** | **Low** | **Med** | **High** | **Details** | **Action to Minimise Risk** |
| **Verbal aggression** |  |  |  |  |  |
| **Physical aggression** |  |  |  |  |  |
| **Wandering off or absconding** |  |  |  |  |  |
| **Offending behaviour** |  |  |  |  |  |
| **Self-harming behaviour** |  |  |  |  |  |
| **Medical issues** |  |  |  |  |  |
| **Substance/drug abuse** |  |  |  |  |  |
| **Sexualise behaviour towards children** |  |  |  |  |  |
| **Sexualise behaviour towards adults** |  |  |  |  |  |
| **Allegations** |  |  |  |  |  |

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| **Student’s likes** | | | **Student’s dislikes** | | | |
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| **Student strengths** | | | | | | |
|  | | | | | | |
| **Student aspirations (if known)** | | | | | | |
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| **Any triggers to be aware of** | | | | | | |
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| **Activities to be avoided** | | | | | | |
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| **Communication style** | | | | | | |
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| **Comments** | | | | | | |
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| **Do you have concerns about any of the following?**  **(This will help us to identify potential interventions or areas to work on within lessons.)** | | | | | |
| **Communication skills** | **Starting relationships with peers** | **Understanding spoken language** | | **Lack of independence in tasks** | **Focus/ attention** |
| **Managing emotions** | **Maintaining relationships with peers** | **Anxiety or anxiety/ panic attacks** | | **Lack of motivation** | **Struggling to manage situations** |
| **Anger management** | **Turning taking/ following social conventions** | **Lack of independence around school** | | **Low prior attainment** | **Struggling to manage sensory input in practicals eg smells, textures** |
| **Labelling and understanding emotions** | **Starting relationships with staff** | **Struggling to retain learning/ information** | | **Gaps in learning from missed learning** | **Lack of sense of safety/ lack of sense of self** |
| **Low self-esteem/ lacking confidence** | **Maintaining relationships with staff** | **Difficulty maintaining respectful discussion/ conversation with adults** | | **Organisational skills** | **Difficulties with uniform** |
| **Easily led by peers** | **Following directions or instructions** | **Difficulty maintaining respectful discussion/ conversation with peers** | | **Processing/ processing speed** | **Working memory/ memory** |
| **Have they had any intervention or work around these areas? Please specify** |  | | | | |
| |  |  |  | | --- | --- | --- | | **Strategies to support placement** | **Utilize** | **Avoid** | | Instructions/tasks to be simplified into smaller tasks |  |  | | Repeat/explain instructions carefully and give reminders where necessary |  |  | | Use visual kinaesthetic learning where possible |  |  | | Use picture prompts |  |  | | Incorporate visual strategies |  |  | | Now and next boards |  |  | | Timers |  |  | | Present tasks clearly |  |  | | Be consistent |  |  | | Allow learner to show you their work when completed |  |  | | Praise/rewards |  |  | | Offer extra thinking time |  |  | | Prompt and model |  |  | | Pre-teach vocabulary and key concepts |  |  | | Consider the use of a personal reward system |  |  | | Opportunities for small group work |  |  | | Visual timetables |  |  | | Seating plans |  |  | | Encourage to put hand up |  |  | | Praise for even small tasks like underlining the date |  |  | | Encourage them to get involved in class |  |  | | Use behaviour system |  |  | | Offer reminders about the behavioural system |  |  | | Incorporate learn interests into lessons |  |  | | Visual checklists |  |  | | Ask closed questions to gain learner involvement |  |  | | Allow doodling or fidgets |  |  | | Encourage and demonstrate positive behaviour |  |  | | Break tasks down into smaller chunks to promote independence |  |  | | Keep language simple |  |  | | Back up language with visual prompts |  |  | | Check understanding regularly |  |  | | Sentence starters |  |  | | Structure strips |  |  | | Speak in short clear sentences |  |  | | Scaffold work |  |  | | Sit facing/near the board |  |  | | Pre-warn of any changes |  |  | | Explain the reason behind each consequence/behaviour system applied clearly |  |  | | Use direct language to avoid confusion |  |  | | Repeat instructions when required |  |  | | Ask learner to repeat instructions back |  |  | | Use whiteboards for scaffolding/reminders |  |  | | Sit in a certain chair (front/back/middle of the class?) |  |  | | Group AFL (whiteboard checks) |  |  | | | | | | |

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| **Agencies Involved – please tick** | | | |
|  | ✔ | **Date of Involvement** | **Named Contact and Telephone number** |
| **CAMHS** |  |  |  |
| **ELCAS** |  |  |  |
| **Children Services** |  |  |  |
| **Engage** |  |  |  |
| **Mental Health Service Team** |  |  |  |
| **Wish Centre** |  |  |  |
| **Youth Justice System** |  |  |  |
| **Any additional agencies involved** |  |  |  |

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| **Referring School** | | | | | |
| **Name of School** |  | | | | |
| **Name** |  | | | | |
| **Position** |  | | | | |
| **Point of Contact from Referring School** |  | | | | |
| **Telephone Number** |  | | | | |
| **Email** |  | | | | |
| **% Attendance** |  | | **Has this student had exclusions?** | | **Yes**  **No** |
| **% Authorised Absence** |  | | **Number of days** | |  |
| **% Unauthorised**  **Absence** |  | | **Number of occasions** | |  |
| **Academic** | | | | | |
| **Key Stage 2 results** | Maths:  English: | | **CAT scores** | |  |
| **Reading Age** |  | | **Spelling Age** | |  |
| **Expected GCSE Grades (if applicable)** | | | | | |
| **English Literature** | |  | | **Maths** |  |
| **English Language** | |  | | **Science** |  |
| **Art** | |  | | **GCSE PE** |  |

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| **Additional Documentation Required:** | **Included – please tick** |
| **1. Copy of Attendance record** |  |
| **2. Latest Academic report** |  |
| **3. Exclusion history with reasons** |  |
| **4. Copies of EP reports, medical reports and information from other agencies if appropriate** |  |
| **5. Copy of any SEND information eg EHCP and ILP’s, diagnosis letters, referrals** |  |
| **6. Copy of TAF plans if appropriate** |  |
| **7. Behaviour Log** |  |

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| **Placement Agreement** |
| **Reason(s) for Referral (Please explain in detail)** |
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| **Placement Objectives** (What objectives you would like the student to achieve during their placement with ourselves Behaviour to improve, Attendance to increase, Successful Destination Post 16, in Education, Training or Employment, Good academic achievement in GCSE Examinations, Re- engagement with their education, Improved relationships with peers, accessing assessments and interventions to better understand their needs, more aware of their own mental health/ sensory needs and strategies to manage these) |
| **1** |
| **2** |
| **3** |
| **Timeline** |
| For all Key stages, placement reviews will be carried out every 6 weeks however, a placement may end early in the case of:   * Persistent absence * The Heights being unable to meet the needs of a pupil * A serious breach or persistent breach of the school behaviour policy or rule |
| **Reviewing Progress - How would you like to conduct the review of progress made?** |
| **Phone call Email Zoom/Teams meeting Face to face** |
| **Transition Details (if applicable)** |
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| **Provider** | The Heights Burnley |
| **Referring School** |  |
| **Signed:**  **Headteacher - The Heights Burnley** | Natalie Lewis |
| **Signed:** |  |
| **Date** |  |

**Emotional Literacy Teacher Checklist**

**THANK YOU**