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| **Pupil Name:** | |  | | | **School:** |  | | | **Date of Admission:** | |  | | |
| **Referrer:** | |  | | | **% Attendance this term:** | |  | | **Date of Birth:** |  | | | |
| **Date of Referral:** | |  | | | **% Attendance last year** | |  | | **Year Group:** |  | | | |
| **First Language:** | | | | |  | | | | | | | | |
| **CIN/CP** | Yes / No | | **LAC** | Yes / No | **PP/FSM** | | | Yes / No | | | | **SEN STATUS** |  |

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| **Request for?** | | | |
| [**VPP Panel**](#VPPReferralDetails) | Yes / No | **Request for?** |  |
| [**Medical Panel**](#MedicalReferralDetails) | Yes / No | **Request for?** |  |
|  | | | |
| **Has Parental Consent been received?** | | | **Yes/No** |

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| **Category of Need:** (Fill in 1 for Primary Need, 2 for any secondary need; N for where level of need is within normal range within mainstream school) | | | | | | | | | | | | | | | | | | | | | | | |
| **Communication and Interaction** | | | | **Cognition and Learning** | | | | | | | | **SEMH Difficulties** | | **Sensory and/or Physical Needs** | | | | | | | | | |
| **SLCN** |  | **ASD** |  | **SpLD** |  | **MLD** |  | **SLD** |  | **PMLD** |  | **SEMH** |  | **VI** |  | **HI** |  | **MSI** |  | **PD** |  | **OD** |  |

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| **Exclusions and reasons (NB: if more than 5, record the last 5)** | | | | | | | | | | | | | |
| **Internal Exclusions:** | | | | | | |  | **Fixed Term Exclusions:** | | | | | |
| Total number of internal exclusions: | | | |  | Total number of internally excluded days: |  | Total number of fixed term exclusions: | | |  | Total number of fixed term excluded days: |  |
| Date | Days | | | Reason | | | Date | Days | Reason | | | |
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| **Permanent Exclusion:** | | | | | | | | | | | | | |
| **Date:** |  | **Reason:** |  | | | | | | | | | | |

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| **Medical Professional Details:** | |
| **GP Surgery/Hospital Clinic:** |  |
| **Named Medical Professional:** |  |
| **GP/Hospital Surgery Address:** |  |
| **GP/Hospital Telephone Number:** |  |

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| **Prior Attainment Information:** | | | | | | | | | | | | | | | | | |
| **Year 1 Estimated/Actual:** | | | | | Date: | |  | | |  | **Key Stage 4 (expected):** | | | Date: | |  | |
| Teacher Assessment | | | | | | | | | |  | **(split grades for students in KS3)** | | |
| English | Y1 Phonics Check | | | | /40 | | | | |  | English | | |  | | | |
| Reading | | | |  | | | | |  | Mathematics | | |  | | | |
| Writing | | | |  | | | | |  | Science | | |  | | | |
| Mathematics | | | | |  | | | | |  | Other: |  | |  | | | |
| **Key Stage 1:** | | | | | Date: | | |  | |  | Other: |  | |  | | | |
| English | Sp & List | | | |  | | | | |  | Other: |  | |  | | | |
| Reading | | | |  | | | | | Other: |  | |  | | | |
| Writing | | | |  | | | | |  | Other: |  | |  | | | |
| Mathematics | | | | |  | | | | |  |  |  | | |  | | |
| Science | | | | |  | | | | |  | **Other Relevant Scores:** | | | | | | |
| **Key Stage 2:** | | | | | Date: |  | | | |  | Date: | Test | Result | | | |
| Teacher Assessment | | | | | Validated Test Result | | | | |  |  | e.g. Reading/Spelling Age |  | | | |
| English | | Sp & List |  |  | | | | | |  |  |  |  | | | |
| Reading |  | Reading | | | | |  |  |  |  |  | | | |
| Writing |  | SPAG | | | | |  |  |  |  |  | | | |
| Mathematics | |  |  | Mathematics | | | | |  |  |  |  |  | | | |
| Science | |  |  |  | | | | | |  |  |  |  | | | |

**VPP Panel Referral Details**

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| **Summary of Primary Needs/Issues and, where relevant to application, secondary needs/issues:** e.g. nature of difficulties, barriers to learning, impact on other students where relevant, dangers to themselves or others. Interventions should not be listed here. |
|  |
| **Any Social Care Needs: summary Information must be filled in where CIN, CP or LAC.**  **Any family related attitudes, issues etc:** (Leave blank if irrelevant) |
|  |
| **Background plus any significant Health Care Needs and/or Disabilities** e.g. school changes, medical, physical, mental health, self-harming etc. (Leave blank if irrelevant) |
|  |
| **Areas of Strengths and Resilience** |
|  |
| **Reason for referral:** Any key points not covered above; any outcomes. |
|  |

**VPP Part 2 Medical Panel Referral Details:**

**Expectations before referral**

* It is an expectation that schools will have sought advice and guidance from school nursing and if appropriate EWS to support the multi-agency discussion
* to have sought advice and guidance from school allocated Education Welfare Officer (EWO)
* Voice of the child and parent is reflected in the referral identify what they think will help

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| **Do you have parent/carer consent for this referral?** | | **YES/NO** | | | | |
| **Type of Medical Condition?** | | | | | | |
| **Mental Health** |  | | **Physical Health** |  | **Emotional Health** |  |
| **ADDITIONAL EVIDENCE:** | | | | | | |
| **Is there an individual health care plan or similar?** | | | **Evidence to be sent in with referral form** | | | |
| **Yes/No?** |  | |
| **Medical Evidence to be sent with in with referral form: Evidence/input, clarifying the medical need (diagnosed or undiagnosed), the impact on education and learning.**  **This can include:**  **• Letter from medical practitioner**  **• Treatment plan**  **• Input from school nurse**  **•** **Professional feedback and/or input from appropriate professional which may include GP, CAMHS, Education Wellbeing Service, Educational Psychologist etc.**  **This list is not exhaustive.** | | | | | | |
| **Childs Voice: what do they think will help them? What would they like to change/be different?** | | | | | | |
|  | | | | | | |
| **Parent voice: what do they think will help? What would they like to change/impact they would like to see? Help can include wider family help (must be completed)** | | | | | | |
|  | | | | | | |
| **Low level attendance and strategies to help with prevention of attendance:** | | | | | | |
|  | | | | | | |
| **Reasonable Adjustments made by school/college/tuition placement:** e.g. including how is education being provided? | | | | | | |
|  | | | | | | |
| **Background plus any significant Health Care Needs and/or Disabilities** e.g. school changes, medical, physical, mental health, self-harming etc. (Leave blank if irrelevant) | | | | | | |
|  | | | | | | |
| **Areas of Strengths and Resilience** | | | | | | |
|  | | | | | | |
| **Reason for referral:** Any key points not covered above; any outcomes. | | | | | | |
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