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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. |
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| **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) |
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| **Areas of Strengths and Resilience** |
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| **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. |
|  |