

## **Alternative Provision Referral Form**

Please ensure all information outlined below is provided.

| Student's name           |              |           | Date of       | f Birth      | Year Group        |          | Identifies as:          |
|--------------------------|--------------|-----------|---------------|--------------|-------------------|----------|-------------------------|
|                          |              |           |               |              |                   |          |                         |
| School Name/ Home S      | Schooled/E   | OTAS/     |               | FSI          | M / Pupil Premium |          | LA or School<br>Support |
|                          |              |           |               |              |                   |          |                         |
| School/LA contact per    | rson         | Email     |               |              |                   | Соі      | ntact Number            |
|                          |              |           |               |              |                   |          |                         |
| Student's address        |              | •         |               |              |                   |          |                         |
| Parent/Carers name       |              |           | Addres        | SS           |                   | <u>-</u> |                         |
| Home Telephone No        | Parent/C     | arer mobi | le numb       | er Par       | ent/Carer Email   |          |                         |
|                          |              |           |               |              |                   |          |                         |
| Sibling<br>Details       |              |           |               | ·            |                   |          |                         |
|                          |              |           |               |              |                   |          |                         |
| SEND EHCP                | ASD          | ODD       | ADHD /<br>ADD | Dyslexia     | Other please de   | etail    |                         |
| Y/N Y/N                  | Y/N          | Y/N       | Y/N           | Y/N          |                   |          |                         |
| Is pupil medicated for a | any of their | condition | ns? Y/N -     | - If 'Yes' p | lease provide det | tails    |                         |
|                          |              |           |               |              |                   |          |                         |
|                          |              |           |               |              |                   |          |                         |

**Medical Conditions Information:** 

| Dancan for Deferral  |   |   |           |  |
|--|---|---|-----------|--|
| Reason for Referral?   |   |   |           |  |
| At Risk of Permanent Exclusion   | School Refuser  | One off Incident                          | Othe      |  |
| Y/N  | Y/N   | Y/N                                       | Y/N       |  |
| Number of days Fixed Term Exclus   |   |   |           |  |
| lease provide details on your s  | election  |   |           |  |
|  |   |   |           |  |
|  |   | n with us? For example: Co                | onfidence |  |
| building/Self Esteem, Independe  | ence, Life Skills?  | n with us? For example: Co                | onfidence |  |
| puilding/Self Esteem, Independe  | ence, Life Skills?  | n with us? For example: Co                | onfidence |  |
| ouilding/Self Esteem, Independe  | ence, Life Skills?  |   | onfidence |  |
| wilding/Self Esteem, Independe  What interventions have taken p  1. Reasonable Adjustments   | ence, Life Skills?  | Y / N                                     | onfidence |  |
| What interventions have taken p  1. Reasonable Adjustments  2. Additional School Reso  | ence, Life Skills?  | Y / N<br>Y / N                            | onfidence |  |
| What interventions have taken p  1. Reasonable Adjustments  2. Additional School Resonation Resonat | ence, Life Skills?  | Y / N<br>Y / N<br>Y / N                   | onfidence |  |
| What interventions have taken p  1. Reasonable Adjustments  2. Additional School Resonation  3. Early Help Referral  4. Alternative Provision  | ence, Life Skills?  elace in school previously?  urce / LSA | Y / N Y / N Y / N Y / N                   | onfidence |  |
| What interventions have taken p  1. Reasonable Adjustments  2. Additional School Resonation  3. Early Help Referral  4. Alternative Provision  5. Pastoral Support Plan (PS)   | place in school previously?  urce / LSA  P)  eam            | Y / N Y / N Y / N Y / N Y / N Y / N       | onfidence |  |
| <ol> <li>Additional School Resort</li> <li>Early Help Referral</li> <li>Alternative Provision</li> <li>Pastoral Support Plan (PS)</li> <li>Behaviour &amp; Attendance T</li> </ol>   | place in school previously?  urce / LSA  P)  eam            | Y / N Y / N Y / N Y / N Y / N Y / N Y / N | onfidence |  |

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| In your professional opinion does this student's parent /carer present significant risk? If so, summarise your concerns referring to available evidence. |
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|  |
| Pupil Risk Assessment  |
| How to calculate the results; Hazard X Probability = Level of Risk Score (1=low/16=high)   |

| Has the pupil been known to:                                    | Hazard 1=Rare 2=Occasional 3=Frequent 4=Persistent | Probability 1=Unlikely 2=Possible 3=Probable 4=Likely | Level<br>of<br>Risk | Intention<br>K=Known<br>O=Opinion | Frequency H=Hourly D=Daily W=Weekly M=Monthly O=Occasionally R=Rarely N=Never |
|---|--|---|---------------------|-----------------------------------|---|
| Not understand out of bounds areas?                             |  |   |                     |                                   |   |
| Climb fences or buildings?                                      |  |   |                     |                                   |   |
| De a danger around roads and traffic?                           |  |   |                     |                                   |   |
| Run away from session?  |  |   |                     |                                   |   |
| Abscond? (leave site without permission)                        |  |   |                     |                                   |   |
| Use sexually inappropriate language?                            |  |   |                     |                                   |   |
| Use sexually inappropriate action?                              |  |   |                     |                                   |   |
| Verbally abuse other pupils?                                    |  |   |                     |                                   |   |
| Verbally abuse staff?   |  |   |                     |                                   |   |
| Be verbally offensive on the basis of protected characteristic? |  |   |                     |                                   |   |
| Physically abuse other pupils?                                  |  |   |                     |                                   |   |
| Physically abuse staff?   |  |   |                     |                                   |   |

| Require restrictive physical intervention?            |                 |         |   |  |  |
|---|-----------------|---------|---|--|--|
| Damage property?                                      |                 |         |   |  |  |
| Carry a weapon?                                       |                 |         |   |  |  |
| Be involved in an incident where you call the police? |                 |         |   |  |  |
| Offend in the community?                              |                 |         |   |  |  |
| Use substances or alcohol?                            |                 |         |   |  |  |
| Self-Harm?  |                 |         |   |  |  |
| Be at risk of CSE?                                    |                 |         |   |  |  |
| Other?  |                 |         |   |  |  |
|   |                 |         | • |  |  |
| What would the pupil like to gain fro                 | m attending the | e farm? |   |  |  |
| What would the papir like to gain ho                  |                 |         |   |  |  |
| What would the papir like to gain he                  |                 |         |   |  |  |
| What would the papir like to gain he                  |                 |         |   |  |  |
| What would the papir like to gain he                  |                 |         |   |  |  |
| What would the papir like to gain he                  |                 |         |   |  |  |
|   |                 |         |   |  |  |
| Notes:  |                 |         |   |  |  |
|   |                 |         |   |  |  |
|   |                 |         |   |  |  |
|   |                 |         |   |  |  |
|   |                 |         |   |  |  |
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|   |                 |         |   |  |  |