

**‘Encouraging young people to fulfil their potential’**

**Pupil Referral Form**

**Personal Details**

|  |  |
| --- | --- |
| Name of Young Person: |  |
| Date of Birth: |  |
| Other Known Names: |  |
| Current Year Group: |  |
| Home Address: |  |
| Telephone Number: |  |
| Mobile Telephone Number: |  |
| Parent(s) Name(s): |  |
| Emergency Contact Name: |  |
| Relationship to Young Person: |  |
| Contact Telephone Number(s): |  |

**Home Information**

|  |  |
| --- | --- |
| Does the Young Person Live at Home?: |  |
| Address (if not living at home): |  |
| Home Dynamic (parents, carers, siblings, including gender and age): |  |
| Legal Status (any applicable decisions made by The Children’s Panel): |  |
| Are there any individuals that the Young Person is not allowed contact with by law?: |  |

**Referring Authority**

|  |  |
| --- | --- |
| Local Authority: |  |
| Date of Referral: |  |
| Referring Educational Psychologist: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |

**Social Work**

|  |  |
| --- | --- |
| Does the Young Person have an allocated Social Worker?: |  |
| Name of Social Worker: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |

**Current School**

|  |  |
| --- | --- |
| Name of School: |  |
| Address: |  |
| Telephone Number: |  |
| Contact Person: |  |
| Email Address: |  |

**Any Other Agencies**

|  |  |
| --- | --- |
| Does the Young Person work with any other agencies (Includem, All4Youth, ATC, CAMHS, etc.)?: |  |

|  |  |
| --- | --- |
| Agency: |  |
| Name of Key Worker: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |
| Areas of Work with Young Person: |  |
| Number of Contacts per week: |  |

|  |  |
| --- | --- |
| Agency: |  |
| Name of Key Worker: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |
| Areas of Work with Young Person: |  |
| Number of Contacts per week: |  |

**Health**

|  |  |
| --- | --- |
| Is the Young Person generally in good health?: |  |
| Significant Health issues or Diagnosed Medical Conditions (including ADHD, ASD Diagnosis, etc.): |  |
| Is the Young Person a smoker?: |  |
| Does the Young Person have any allergies?: |  |
| Does the Young Person take any medication that the school may have to administer?: |  |
| Any Physical Disability? (please specify): |  |
| Any Learning Difficulties? (please specify): |  |

**Social Life**

|  |  |
| --- | --- |
| Any issues in the local community?: |  |
| Any current referral to The Children’s Panel?: |  |
| Any previous referrals?: |  |
| Hobbies & Interests: |  |
| Attending any Groups or Clubs?: |  |
| Does the Young Person have difficulty making friends?: |  |

**Reasons for Referral**

|  |  |
| --- | --- |
| What are the main reasons for the referral to Ardfern School?: |  |
| Behavioural Issues in Current School: |  |
| Any Educational Issues that may have led to referral: |  |
| Current Academic Levels in key subject areas: |  |
| Other relevant information about previous school experience (i.e., school moves, peer issues, previous areas of support, etc.): |  |
| Has the Young Person been involved in any offending behaviour? (Please specify): |  |

**Views on Referral**

|  |  |
| --- | --- |
| How does the Young Person view the referral? |  |
| How does the Young Person’s Parent/Carer view the referral? |  |
| What are they seeking from the placement at Ardfern School? |  |
| What needs to be done prior to the Young Person starting at Ardfern School?  (i.e. Home Visit, Visit in Current School, Transport Arrangements, etc.): |  |
|  |  |
| Proposed Start Date: |  |
| Date of First Review: |  |
| Notes: |  |

**Attached Documents in Support of Referral**

|  |  |
| --- | --- |
| Education Reports |  |
| Single Agency Assessment |  |
| Multi Agency Assessment |  |
| Chronology of Events |  |
| Psychological Reports |  |
| Medical Reports |  |
| Minutes of LAAC Review |  |
| Care Plan |  |
| Report from CAMHS |  |
| Any Other Documents |  |