

BEC REFERRAL FORM



BRIGHT EDUCATION CENTRE

Sparkling the Next Generation

Referral request for:

		ALTERNATIVE PROVISION	OUTREACH	BOYS/GIRLS GROUP	Full Time	Part Time

REFERRED BY		
School:	Contact Name:	Position:
Contact Number:	Email Address:	Date:

STUDENT'S PERSONAL DETAILS

SURNAME:	FORENAMES:
DATE OF BIRTH:	MALE / FEMALE:
YEAR GROUP:	Is this a Looked After Child: Yes / No
UPN No:	Does the student receive free school meals: Yes / No
ULN No:	
UCI No:	

PERMANENT HOME ADDRESS:
(Including Post Code)

PARENTS / GUARDIANS:	CONTACT NUMBERS
FATHER:	TELE NO:
MOTHER:	TELE NO:
GUARDIAN:	TELE NO:

MEDICAL CONDITIONS (Asthma, epilepsy, diabetes etc)

PREVIOUS SCHOOLS

School:	From:	To:
School:	From:	To:

ETHNIC INFORMATION (Please tick)					
White		Mixed		Asian or Asian British	
British		White and Black Caribbean		Indian	
Irish		White and Black African		Pakistani	
Traveller of Irish Heritage		White and Asian		Bangladeshi	
Gypsy / Roma		Other Mixed Background		Other Asian Background	
Black or Black British		Chinese / Other Ethnic Group			
Caribbean		Chinese			
Other Black Background		Other			

1 st Spoken Language	2 nd Spoken Language	Interpreter Required	Religion

SEN												
Is the young person on the SEN Register (K)? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>												
SEN Type: (✓)												
SPLD	MLD	SLD	PMLD	SMEH	SLCN	HI	VI	MSI	PD	ASD	OTH	
Does the young person receive in class support? (C) Yes <input type="radio"/> No <input checked="" type="radio"/>												
Does the young person have: statement EHC(P) Yes <input type="radio"/> No <input checked="" type="radio"/>												
Details / Information: Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>												

MULTI AGENCY INVOLVEMENT			
List any other service / agency that is involved e.g. Educational Psychology, Social Care, YISS/YOT, SENSS, CAMHS, Education Welfare Service, Speech Therapy etc.			
Agency	Key Contact	Telephone Number	Date of Involvement
If Social Care involvement, which plan is currently open? (CHIN, CP etc)			
What actions have been proposed / undertaken by/in collaboration with partner agencies?			
Date	Behaviour	Actions	Outcome

Has a CAF/ Early Help been completed?	
On this child	Yes / No <input type="radio"/> <input type="radio"/> Date: _____
On another child in the family	Yes / No <input type="radio"/> <input type="radio"/> Date: _____
Is the CAF/Early Help active?	Yes / No <input type="radio"/> <input type="radio"/>
Name of Lead Professional:	Contact Details

ATTENDANCE	
Attendance for the last 12 months <i>(Please attach SIMS/BROMCOM data for the last 12 months)</i>	%
<p>Is the young person a persistent truant? Yes / No</p> <p>What plans are in place to improve their attendance / punctuality?</p>	
<p>Are Education Welfare Services involved? Yes / No If yes, who is the EWO?</p>	

EXCLUSIONS <i>(Please give details of fixed term and permanent exclusions)</i>			
Date	Reasons for exclusion	Fixed Term	Permanent

MAIN BEHAVIOURS CAUSING CONCERN <i>(Tick as appropriate)</i>			
Refusal to conform to school rules	<input type="checkbox"/>	Persistent low level disruption in lessons	<input type="checkbox"/>
Disruptive behaviour around the school	<input type="checkbox"/>	Work avoidance	<input type="checkbox"/>
Physical/verbal abuse to peers	<input type="checkbox"/>	Physical/verbal abuse to staff	<input type="checkbox"/>
Other (please state)			
<p>What triggers the behaviours causing concern? <i>(e.g. specific staff member, times of day, subject area, peer group, seating arrangements etc)</i></p>			
<p>What school based action has been taken to reduce the behaviours causing concern? <i>(Please continue on a separate sheet if necessary)</i></p>			
DATE	BEHAVIOUR	INTERVENTION	OUTCOME
e.g 11/11/10	Ongoing verbal/physical abuse to peers	Social skills programme	Positive response to programme, reduction in no. of incidents
<p>What percentage of lessons are problematic?</p>			%

EDUCATIONAL ASSESSMENT

Please give details of any educational assessments that have been made.

Type of Test	Result	Date	Administered by

ACADEMIC PERFORMANCE / PROGRESS

SUBJECT	KS2 RESULTS (Sub levels & points score)	KS3 RESULTS (Sub levels & points score)	Teacher Assessment	CURRENT LEVELS (Sub Levels)
English				
Maths				
Science				

ATTAINMENT (Expected Grades)

Subject	Current Grade	NCA Level / Expected Grade

STUDENT PROFILE

The subjects I am successful in are..... *(SAT's scores, coursework, pieces of work relationships, practical skills, groups)*

The subjects I need help to be successful in are

My interest/hobbies/sports are*(clubs, break and lunchtime clubs, after school clubs, teams, youth clubs etc)*

These are other skills, qualities, strengths or responsibilities I have*(communication, organisation, working as a team, problem solving, prefect, school council, peer mentor etc)*

In the future I'd like to (KS4, after school)*(Options, GCSE's, BTEC, SAT's, work experience, prefect, school council, college, university, job, training etc)*

In school I have had problems with

I think BEC support will be good for me because

Student Signature:

Date:

PARENTAL CONTRIBUTION

How have you been involved in school based work to improve your child's behaviour?

How successful do you think this work has been?

I agree to the appropriate intervention for my son/daughter

Parent signature:

DATE:

INITIAL RISK ASSESSMENT			
<i>(Low, Medium, High – for medium and high risk, comments and action/planning to be completed)</i>			
POTENTIAL HAZARDS	L/M/H	Comment	Action/Planning
Risk to themselves			
Risk to others			
Travel Boarding/disembarking Seatbelts not fastened Horseplay during transport			
Off Site Wandering away from group Violence and aggression Vandalism			
Health Medical conditions Existing injuries			
Family Is it safe to invite the family to REACH sessions? Is it safe to visit the family home? Is it safe to transport the family to and from educational visits?			
Anything else that may cause concern?			

REQUEST FOR SUPPORT / INTERVENTION – CHECK LIST**In order to ensure that your request is complete please refer to the checklist below****P**

The request form is complete	
An attendance print out which covers the last 12 months is attached	
The young person has completed the student profile	
The parent(s) / carer(s) have completed their section of the request	
Risk assessment completed	
Active CAF/Early Help attached if applicable	
The SLEUTH/Conduct Log or similar report where appropriate is attached	
An up to date CISS assessment sheet is attached (For REACH3 and REACH4 Full & Part Time referrals)	

IF YOU HAVE ANY QUERIES REGARDING THE REQUEST PLEASE CONTACT BEC:

Bright Education Centre
18 Okaden St
SE11 4UG

Tele: 0203 004 9782

Email referrals@brightcentres.co.uk