Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF CHILD:  | D.O.B:  | Year:  | MALE |[ ]
|  |  |  | FEMALE |[ ]
| UPN NUMBER:  | ETHNIC CODE:  | RELIGION:  |
| FIRST LANGUAGE:  | FLUENCY OF ENGLISH:  | SEN STAGE:  |
| SCHOOL: | Previous schools/Reason for change: |
| SCHOOL TYPE | Academy [ ]  | Community [ ]  | Foundation [ ]  | Free Schools [ ]  | Voluntary Aided [ ]  |
| Number of days exclusions: | Head Teacher’s Name:  |
|  | Safeguarding Lead Name: |
|  | Safeguarding Lead Email: |
| Class Teacher’s name: Email:  | SENCO’s name: Email:  |
| **Contact details for adult with parental responsibility** |
| Name: | ADDRESS: |
| Relationship: |  |
| Home Telephone: |  |
| Mobile: |  |
| Email: |  |

WHAT ARE THE CHILD’S STRENGTHS? (Please give details)

**WHAT ARE THE SPECIFIC BEHAVIOURS THAT HAVE LED TO THIS REFERRAL?**

**WHAT SUPPORT HAS BEEN IMPLEMETED TO DATE?**

e.g. in class support, one-to-one withdrawal, PDC time, mentoring, social skills group, counselling, following a behaviour plan, pastoral support plan and/or IEP.

(Please detail the nature, duration, and outcomes of support – attached evidence)

**WHAT STRATEGIES HAVE WORKED SO FAR?**

**External Agencies Involvement - How have external agencies been involved?**

e.g. CAMHS, Educational Psychologist, Social Care, Speech & Language Specialist.
(Please provide the nature of involvement, names, dates and contact numbers)

**Prioritise the 3 BEHAVIOURS OF CONCERN the student gets involved in**

1-3 with 1 being the most concerning:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Threatening Behaviour to Staff |  | Verbal Abuse to staff |  | Verbal Abuse to Peers |  |
| Threatening Behaviour to Peers |  | Physical Aggression to Peers |  | Self-Harming |  |
| Physical Aggression to Staff |  | Gang Involvement |  | Persistent Disruptive Behaviour |  |
| Damage to Property |  | Truancy |  | Trauma (ACEs) |  |
| Racist |  | Sexualised behaviours |  | Bullying |  |
| Depressed |  | Running out of classroom or building |  | Other |  |

**If the child has been diagnosed with any of the following, please provide dates and person who completed diagnosis and attach copy of paperwork**

|  |  |  |
| --- | --- | --- |
| **DIAGNOSIS** | **TICK** | **Name & Date** |
| ADHD |[ ]   |
| ASD |[ ]   |
| ODD |[ ]   |
| CONDUCT DISORDER |[ ]   |
| ATTACHMENT DISORDER |[ ]   |
| EDUCATIONAL SUPPORT e.g. DYSLEXIA, READING RECOVERY |[ ]   |
| LANGUAGE DISORDER |[ ]   |

**Curriculum Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| KS1 Phonics screening check | Reading | Writing | Maths |
|  |  |  |  |

**Special Educational Needs Support**

Please list the type of SEN support given and include start/end dates of any interventions.

|  |
| --- |
|  |

**OTHER**

|  |  |  |
| --- | --- | --- |
| On Child Protection Register**(PLEASE TICK)** | Looked After Child**Please state Authority that has responsibility** | Eligible for Free School Meals **(PLEASE TICK)** |
| YES |[ ]   | YES |[ ]
| NO |[ ]   | NO |[ ]
| Attendance percentage in the last year |  | Number of Fixed Exclusions in the last year |  |

Summerhouse – Referral Criteria

Please ensure you have provided all of the information below before submitting your referral form

(TICK TO CONFIRM)

|  |
| --- |
| 1. The child is at School Action Plus of the SEN register.
 |[ ]
| 1. A range of strategies has been used to address the child’s needs.
 |[ ]
| 1. Individual plans (IEP, PSP &/or behavioural) are *attached*
 |[ ]
| 1. Evidence is provided that the school’s Educational Psychologist had been assisting school to support the child and is involved in this referral.
 |[ ]
| 1. Evidence is provided that the parent or carer supports this referral.
* *A home visit may be arranged by Summerhouse before asking parents to visit Summerhouse with their child and member of school SMT.*
 |[ ]
| 1. The child is now at risk of exclusion.
 |[ ]
| 1. **Relevant Reports *attached*: (PLEASE TICK)**

 **EP** [ ]  **Speech & Language** [ ]  **CAMHS** [ ]  |

|  |  |  |
| --- | --- | --- |
| **NAME OF REFERRER** | **JOB TITLE** | **CONTACT NUMBER AND EMAIL** |
|  |  |  |

Please return the completed form and accompanying documentation to:

Email: headteacher@summerhouse.southwark.sch.uk and office@summerhouse.southwark.sch.uk

Maureen Thomas (Head Teacher)

Summerhouse

Goodrich Road

London SE22 0EP

T: 020 8693 2592

**W**: [summerhousesouthwark.org.uk](http://www.summerhousesouthwark.org.uk)