**Referral Form**

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| **Name of Student:** Click here to enter text. | **D.O.B.** Click here to enter a date.  |
| **School:** Choose an item. | **Year group:** Choose an item. |
| **Placement:** Choose an item.  | **Date of referral:** Click here to enter a date. |
| **LAC:** Choose an item.  | **Details:** Click here to enter text. |

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| **Parental Statement** |
| I agree to the involvement of Bradford Central PRU and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.I understand that some of the information about my child may be shared with other professionals to manage the effectiveness of their placement at BCPRU.I understand that as the child’s placement progresses, additional information will be added to the information recorded and this may also be shared with other professionals.I understand that both paper and electronic records may be kept as a result of this involvement. I understand that these records will be kept securely by Bradford Central PRU and destroyed safely, according to BCPRU’s document and deletion schedule. Under the data protection act 1988, I have the right to request a copy of the information that BCPRU holds about me/my child. For more information I can contact the data management office.To ensure that my child receives the optimum service, information may be shared with other services as appropriate. However, further consent will be sought from me for direct contact with my child by another service not already involved.**Please sign below to give your parental consent.** ***Please note you must have parental responsibility for the child or young person named on this form.*** |
| Relationship to pupil/young person: |  | Print name: |  |
| Signature: |  | Date: |  |
| Email: |  | Tel: |  |

**Section A**

* **To be completed in full by school.**
* **The following list of information must be submitted with the plan if it exists. Please tick to indicate that the information has been provided.**

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| Key Information- To include: Parent / Carer Names and Contact Details; Address; Ethnicity; FSM; Pupil Premium; UPN & ULN; Country of Birth; Nationality; English Fluency. |[ ]
| 5 / 7 Level Model- Clearly highlighted. |[ ]
| Attendance data. |[ ]
| Most recent assessment data, to include KS2 data. |[ ]
| Behaviour Log and Exclusion information. |[ ]
| Statement of Special Educational Needs / Education, Health and Care Plan. |[ ]
| CAF- If there is a CAF this should be passed across at an appropriate time. |[ ]
| IBP / IEP / PSP/ PEP- To identify specific student needs and strategies used. |[ ]

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| **Name of school Key Worker:** | Click here to enter text. |
| **Position in school:** | Click here to enter text. |
| **Direct telephone number:** | Click here to enter text. |
| **Email address:** | Click here to enter text. |

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| **Please give the main characteristics that describe the student and their behaviour:**Click here to enter text. |

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| **Please state the intended exit strategy:**Click here to enter text. |

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| **Identified needs of the student that require BCPRU support:**1. Click here to enter text.2. Click here to enter text.3. Click here to enter text. |

* **Student to comment:**

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| **What does the student want support with?** Click here to enter text.**What is their desired outcome?**Click here to enter text. |
| **Student’s thoughts on the reason behind the placement and the support on offer at the PRU?**Click here to enter text. |

* **Parent to comment:**

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| **What does the parent want from the placement?** Click here to enter text.**What is the desired outcome?**Click here to enter text. |

**Section B**

* **To be completed during the initial interview between school, family and BCPRU.**

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| **Area of Need One** |
| Desired outcomes of the placement: What would success look like? |
| Click here to enter text. |

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| **Area of Need Two** |
| Desired outcomes of the placement: What would success look like? |
| Click here to enter text. |

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| **Area of Need Three** |
| Desired outcomes of the placement: What would success look like? |
| Click here to enter text. |

**Communication Plan:**

**Key Worker to visit the PRU and meet with the student on agreed dates.**

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| Week 2- Visit  | Date: Click here to enter text.  | Time: Click here to enter text. |
| Week 6- Visit | Date: Click here to enter text.  | Time: Click here to enter text. |
| Week 8- Review  | Date: Click here to enter text.  | Time: Click here to enter text. |