

# The Alternative School

## CONFIDENTIAL REFERRAL FORM (6 parts) 20/21

Please complete this form as much as possible, any missing information must be completed at the initial meeting with both parents/carers, young person and referrer present.

TAS has an inclusive admissions policy, no information shared on this form will jeopardise the young person's place.

Email -

(Please contact our main office should you require any support completing this form – 01282 851800)

### PART 1: Pupil Background Information

Name of pupil:		DOB:		Age:	
Last School:		Year group:		Gender:	
UPN:		Ethnicity:		Date of referral:	
Current Provision:					
Details of ALL previous school/s including Primary:					

Referring school/agency name and address:			
Name of referrer:		Position/role:	
Contact number/s:		Email:	
Name of Social Worker:		Contact Details:	
Other agency contact details if above not available:			

Name of main parent / carer/s	Relationship to pupil	Home Address (including postcode)	Contact numbers
			Home: Mobile:
Name of second parent / carer/s (Compulsory)	Relationship to pupil	Second Address where pupil spends some of their time (including postcode)	Contact numbers
			Home: Mobile:
Details of additional family members at home / and any additional people living at the same address or spending a significant amount of time at the pupils main or second address.			
Are parents/carers aware of the referral? Please tick if yes.		Have they agreed to support the request? Please tick if yes.	
Is this pupil CLA? Please tick if yes.		Is this pupil previously CLA? Please tick if yes.	
Does this child have an EHC Plan or in the process of obtaining an EHC Plan?		Is there a CAF or EHA in place?	

### SEN/IEP/PEP/DSL Information

Name of School's DSL		Safeguarding Folder attached?	
SENCO's name		SEN Status	
EHCP Status		EHCP attached?	
PEP in place, date of last PEP		PEP attached?	
EP involvement?		EP Report attached?	

ELCAS/CAMHS involvement?		ELCAS/CAMHS report attached?	
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## Part 2, Barriers to education

(Please mark with an 'X' those relevant and provide supporting information)

Education:		Personal & Social Development:		Positive Family and Home Life:	
Attendance		Inappropriate Language		Absent Parent	
Punctuality		Manners/Lack of respect for others		CIN	
Regular Exclusions		Politeness		CP	
Low Level Disruptive Behaviour		Confidence		External Agencies Involved	
High Risk Behaviour		Self Worth / Self Esteem		Parental Mental Health	
Anger Management		Mental Health		Parent Physical Disability	
Respect for others		Drug Misuse		Domestic Violence	
Requires Dyslexia Support		Alcohol Misuse		Parental Drug Misuse	
Low Level Reader		Extra Curricular Clubs / Activities		Young Carer	
Low Level at Writing		Poor Lifestyle Choices		Housing	
Struggles with discussion work		Lack of Commitment to improving own learning		Teenage Parent	
Struggles to listen and focus in class		Positive Relationships with Peers		Parent in Prison	
Numeracy / Math		Speech and Language		Bereavement	
Homework		Risk of Radicalisation		Siblings with additional needs	
EAL		CSE Register		Risk of FGM	
Achieving Below Target Grades Overall		Sexually at risk			
Poor Communication		Sexually Inappropriate		OTHERS - PLEASE ADD	
Peer Support		Young Offender			
Collaborative Working		Perpetrator of Bullying			
Following Instructions		Victim of or at risk of Bullying			
Independent Thinking		Physical Disability			
Poor Presentation of work		Gender Dysphoria			
		Next Steps / Transition Planning			

Details of physical or medical issues: Details of medication taken on a daily basis:	
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Summary of main reason for referral/support requested at TAS:
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Young person's concerns/comments: Does the young person have any comments/worries/concerns about attending TAS?
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Confidential Information not to be shared: Are there any other comments/confidential information that the young person DOES NOT want sharing with other agencies?
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Please name at least two people who will continue to support the young person while they are attending TAS:
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Please detail intervention strategies tried, e.g. reduced timetable, key worker, family liaison etc. (or attach intervention plan)
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<p>Please detail key issues that have occurred within school, e.g. managed moves, subject/staff issues etc.</p>
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<p>Please detail key family events or issues that impact on the young person, e.g. dynamics, trauma etc.</p>
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**Key School Staff and External Professionals involved with the young person/family (historical & current)**

Agency	Name of Professional	Start date	End date	Contact Number

**CAF/GIR Details**

CAF in place (Y or N)		Date/s CAF submitted	
Name of CAF Lead		CAF Number	
CAF attached (Y or N)		Last TAF/CIN/CP review date	

**Educational Information**

Number of days lost to exclusion in the last 12 months	
Attendance % in current academic year (please attach attendance report)	
Attendance % in previous academic year	
Free School Meals* (Y or N)	

\*As part of the SLA all TAS pupils have an entitlement to a daily meal which will be charged to the referring school/agency

**Risk Assessment (This section must be completed by the referrer)**

Details of any previous incidents that TAS should be made aware of in order to avoid putting that young person at risk in the future	
What measures have you put in place to prevent such situations?	
Is this young person considered a High/Medium/Low Risk?	

**Additional Information (to be used by TAS staff during initial meeting)**

<b>Information to support with initial IEP</b> *Fav subject at school *Least fav subject at school *Barriers to enjoying school *Preferred timetable *Preferred teacher *Preferred start date, time *Subject they would like to study first		
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*Preferred Outdoor activities		
*New things to try		

### Part 3, Target Grades & Prior Assessments, Grades

Age/Standardised Scores (+ date administered)		Cognitive Abilities Tests (CAT) Scores (+date administered)	
Reading Age		Verbal	
Comprehension Age		Quantitative	
Spelling Age		Non-verbal	
Maths Score		Spatial	
		Mean Score	

End of Key Stage Attainment			
KS2 Maths		KS3 Maths	
KS2 English		KS3 English	
KS2 Science		KS3 Science	

KS4 Exam/Course Entry Details (where applicable)				
Course/Subject Name	Predicted grade	Exam Board	Candidate Number	Key teacher's name

### Looking towards a positive future

Where does this young person want to be in the future, their goals and aspirations, and what do they feel they need help and support with to achieve these goals? Do they have any class/course work or certificates to bring with them to TAS?

Name of young person: .....

Signature ..... Date: .....

Name of Parent.....

Signature..... Date.....

Name of referrer: .....

Signature ..... Date: .....

### INVOICING INFORMATION:

Name & position of person authorising this referral .....

Email and Tel No. ....

Name and address for invoicing .....

Preferred payment method (Tick the applicable option): **Annually**..... **Termly**.....

**Part 4, Fee Agreement 2020-2021**

(to be discussed following the initial referral and meeting/discussion with the pupil and their parent/carer)

Pupil's Name:	DOB:	School Year:	Referrer:	Start Date:	Campus:
<b>BAND</b>	<b>DESCRIPTION (Uniform provided)</b>				
1 £5999	Parent Referral.	10 Point Assessment			
2 £6999	Low level 6-8 pupils / class	10 Point Assessment			
3 £8499	Nurture group 4-6 pupil /class	10 Point Assessment			
4 £9999	Referral from school for assessment, transition, respite	10 Point Assessment Includes 1:1 Mentor TAS Careers Advisor			
5 £11,999 + pupil premium	CLA	10 Point Assessment Specialist Input & Report Includes 1:1 Mentor			
6 £11,999	Mental Health Nurture group 2-3 pupils/class	10 Point Assessment Includes personalised 1:1 Mentor Session Access to Counselling			
	KS2 Referrals	10 Point Assessment Specialist Input & Report Teacher, TA, Forest School			
7 £12,999	Perm Ex / Referral from local authority for an Assessment Placement	10 Point Assessment Specialist Input & Report Includes 1:1 Mentor E.P. Report			
8 £16,999	EHCP	As above			
9 £55 hr	1:1 TAS	10 Point Assessment			
10 £65 hr	1:1 Home Tuition	10 Point Assessment			
11 Additional Fees	Meals (Compulsory)	£2.45 / day			
	Monthly Bus / Train Pass	As per local bus/train pass pricing			
	Education Psychologist Report	£600 - £850			
	Specialist Behaviour, Therapeutic, Family Assessment & Input	£250 - £500			
	Speech & Language Therapy	£125 - £250			

**TO BE SIGNED BY THE HEADTEACHER / SLT / SOCIAL WORKER / REFERRING AGENCY MANAGER + TAS SLA PRIOR TO A START DATE BEING ISSUED**

Referring senior leader signature: ..... Date:.....

TAS Headteacher: ..... Date:.....

## Part 5, Personalised Timetable Plan

(Pupils work through the stages to achieve their optimum personalised timetable with all pupils aiming for 25 hours of education per week)

Stage	Personalised Timetable Plan
1	1:1 either at home, in school or another setting
2	1:1+1 hour per day
3	1 hour per day (also induction and risk assessment timetable)
4	1.5 hours per day
5	2 hours per day
6	2.5 hours per day
7	3 hours per day
8	3.5 hours per day
9	4 hours per day
10	4.5 hours per day
11	5 hours per day
12	Mentor (pupil attending at least a timetable 7 and being a class mentor)

13	Leadership (pupil attending at least a timetable 9 and leading on a curriculum subject, delivery and planning)
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### Part 6, Comparison to Mainstream

#### 1:1 Teacher Time, TAS v`s MainStream

No. of pupils in a typical class	In which School	Measured period of time	Length of time the teacher is able to provide individual (1:1) time with each pupil
30	Mainstream School	1 Hour	2 minutes
30	Mainstream School	25 hr week	<b>50 minutes</b>
6	TAS	1 Hour	10 minutes
4	TAS	1 Hour	15 minutes
6	TAS	5 Hours	<b>50 minutes</b>
4	TAS	5 Hours	1 hr 15 mins
6	TAS	10 Hour wk	1 hr 40 mins
4	TAS	10 Hour wk	2 hours 30 minutes
6	TAS	15 Hours wk	2 hours 30 minutes
4	TAS	15 Hours wk	3 hours 45 mins
6	TAS	* 20 Hours wk	3 hours 20 minutes
4	TAS	* 20 Hours wk	5 hours
6	TAS	25 Hours wk	4 hours 10 minutes
4	TAS	25 Hours wk	5 hours 30 miinutes

**\* An average pupil at TAS attends 20 hours a week = between 3 – 5 hours 1:1 time with their named teacher.**