Please provide the most up to date information that you have on the student

|  |  |
| --- | --- |
| School/Academy |  |
| Address |  |
| Contact Name |  |
| Position |  |
| Telephone Number |  |
| e-mail |  |
| School Attendance Contact |  |

|  |  |
| --- | --- |
| Student Name |  |
| Year Group |  |
| Date of Birth |  |
| Address |  |
| Parents Name |  |
| Telephone Number |  |
| e-mail |  |
| Emergency Contact |  |
| Telephone Number |  |
| Current attendance |  |
| Does the student have an EHCP?  *If so please attach a copy* |  |
| Is the student CIN / CP / CIC? |  |
| Family dynamic |  |
| Are parents / carers supportive? |  |
| Are there any safeguarding concerns?  Please pay particular attention to comment on:  CCE risk  CSE risk  ASB / Violence / County lines  Mental Health concerns |  |

**Pastoral Information**

|  |  |
| --- | --- |
| Please provide contact details for any other professionals who work with this student | Social services  Community support worker:  Education welfare officer:  Educational psychology/SEN:  Clinical psychology (CAHMS):  Project 28 worker:  Compass / Willow worker:  Y.O.S Team:  Other (Please specify): |
| Does the student have any of the following?  *If so please provide a IHCP* | Allergies:  Asthma:  Diabetes:  Dermatitis:  Epilepsy:  Other medical conditions: |
| Does the student need to bring any medication to the provision? |  |
| Does the student have any diagnosed / suspected SEND?  Please provide further information: |  |
| Exam access arrangement testing results (please provide evidence) | *Years 10&11 – if this has not yet been done please make arrangements for your assessor to visit student at Eclipse to complete this.* |

**Student Assessment Information**

|  |  |  |
| --- | --- | --- |
|  | Current levels of achievement | Target for GCSE |
| English |  |  |
| Maths |  |  |
| Science |  |  |
| Option 1: |  |  |
| Option 2: |  |  |
| Option 3: |  |  |
|  |  |  |
| CAT scores: |  | |
| Current reading age: |  | |
|  |  | |
| Details of previous qualifications / credits achieved:  (Functional skills / AQA / ASDAN etc) |  | |
| Current Maths teacher email address: |  | |
| Current English teacher email address: |  | |

**Student Profile**

Emotional and Behavioural Development Scores (from QCA Emotional and Behavioural Development Criteria)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not at all  1 | Rarely  2 | Sometimes  3 | Fairly often  4 | Often  5 | Always  6 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Score 1-6 |  | Score 1-6 |  | Score 1-6 |
| **LEARNING BEHAVIOUR** |  | **CONDUCT BEHAVIOUR** |  | **EMOTIONAL BEHAVIOUR** |  |
| 1. Is attentive and has an interest in school work |  | 6. Behaves respectfully towards staff |  | 11. Has empathy |  |
| 2. Good learning organisation |  | 7. Shows respect to other pupils |  | 12. Is socially aware |  |
| 3. Is an effective communicator |  | 8. Only interrupts and seeks attention appropriately |  | 13. Is happy |  |
| 4. Works efficiently in a group |  | 9. Is physically peaceable |  | 14. Is confident |  |
| 5. Seeks help where necessary |  | 10. Respects property |  | 15. Is emotionally stable and shows self-control |  |
| **Total** |  | **Total** |  | **Total** |  |

**Previous Interventions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Intervention Name** | **Start date:** | **End date:** | **Contact person and phone/email** | **Any comments and or indicate level of success** |
| *e.g. Thrive* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Summary**

|  |  |
| --- | --- |
| **Strengths** | **Difficulties** |
|  |  |

**One thing I would like you to know about this young person is:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Booking Information**

|  |  |
| --- | --- |
| **Reservation/Booking Information** | |
| How many hours required? |  |
| Which days? |  |
| Full Day / Half Day |  |
| Date From |  |
| Date To |  |
| Are they attending any  Other provision – if so  When? |  |
| Additional Info |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please identify the risk of working with this young person or family | RAG rating  (Red – High, Amber – Medium, Green – Acceptable) | Precautions to reduce the risk | RAG rating after precautions are taken  (Red – High, Amber – Medium, Green – Acceptable) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please consider potential risks such as: Ignoring instructions, Absconding, stealing, Violence / abuse towards other students, Violence / abuse towards staff, Damage to property, Drug / alcohol use, HSB, Child on Child abuse, e-safety concerns.

|  |  |
| --- | --- |
| Is there any other relevant information we may need to be aware of, in order to maintain a safe and secure learning environment? | |
| Is the student permitted to leave the establishment at lunch times? | **YES / NO** |

**Please check the information you have supplied is accurate.**

Signed:   Senior Teacher Date:

If sending electronically please insert the name of parent/carer who agreed to referral and for a practitioner to observe and work with the referred pupil.

Signed:    Parent(s) / Carer(s) Date:

Once completed please email (with any other relevant information attached) to [eclipseeducationltd@gmail.com](mailto:eclipseeducationltd@gmail.com)