



RISE Education

Referral Form

Confidential

RISE Education
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Note: Shaded areas are for RISE Education

1	ID:		Date:	
Is the parent / carer aware of the referral? <i>Please tick</i>		Yes		No
2	Child / young person's name, address and responsible local authority			
Family name:		Forename(s):		
Date of birth:		Gender:		
Address:				
Postcode:		Tel no:		
Current address	<i>if different from above:</i>			
Postcode:		Tel no:		
Social Care team:		Responsible LA		
3	Child/young person's ethnicity			
Child's ethnicity:		Code:		
Child's religion:		Child's first language:		
Parent(s) first language:		Is an interpreter or signer required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Child/young person's principal carers			
Surname	Forename	DoB	Relationship to child	Parental Responsibility
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Parent/Guardian Telephone details			
Mobile:		Home/Office		

5 Other supporting family members		(Continued)			
Surname	Forename	DoB	Relationship to child <i>Tick if also referred to Social Care and complete a separate referral form</i>		
				Ethnicity	
Telephone No:					
6 Information on statutory status					
Child or other family member(s) is or has been on a Disability register?				Yes	No
If 'yes', please give details:					
Child or other family member(s) is or has been on a Child Protection register?				Yes	No
If 'yes', please give details:					
Child or other family member(s) has/have been Looked After by a local authority?				Yes	No
If 'yes', please give details:					
Child/young person has a Statement of SEN?				Yes	No
7 Name of Current School:					
Contact Name:		Position:			
Contact Address:					
Postcode:		Tel no:			
Registration Group		Curriculum Year:			
UPN:					
Unique Learner Number					
<i>Attach Student Assessment Results from previous school (if possible)</i>					

8 Key agencies or other parties involved <i>e.g. GP, School, YOS, Police,, etc.</i>			
Name	Agency	Tel no	Currently working with the family
			Yes No
			Yes No
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
9 Referrer			
Referred by:		Agency/relation to child/young person, etc:	
Address:			
Postcode:		Tel no and Fax no:	
Signature:		Designation:	
Date:		Method of transfer of communication to NBBCA: Tel / fax / letter	
10 Reason for referral / request for service <i>use separate sheet if necessary</i>			
Enquiry type code:			
Name of staff member taking this referral:			
Signature:		Date:	

Appendix 1		Please answer all questions in Appendix 1, giving as much detail as possible.			
1	Have you discussed your concerns with the family / parents?	Yes		No	
2	If you answered 'no', why not?				
3	Why are you referring now?				
4	What are your main concerns? We need to know the child's history so, please give us enough details information as possible.				
5	What are the child's / young person's strengths?				
6	What are the family's strengths?				
7	What is the likely impact of this referral for the child / young person and the family?				
If you are referring from Education			Please complete Appendix 3		
If you are referring from any other agency			Please answer any relevant questions for which you have further information		

Appendix 2	For referrals from Education professionals
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Please answer as many questions as possible, giving a brief overview. Continue on a separate sheet if necessary, or attach the relevant school documents.

1	Please comment on attendance / punctuality.

2	Are there any concerns about the general health of the child? Please describe.

3	Is the child cared for, clean and well presented?

4	Does the child have friends in school? How does he/she relate to peers?

5	How does the child respond or relate to adults? Is there any difference between male and female adults?

6	Are the parents supportive? Do they attend parents' evenings, school events, engage in meetings or help with rewards/sanctions?

7	Does the child do his/her homework?

8	What are the child's attainments?

Appendix 3**For referrals from Education professionals** *(Continued from previous page)*

9 Does the child/young person have any special educational needs (SEN)? Does he/she have an individual education plan (IEP)? How are needs supported?

10 Does the child/young person have any behavioural difficulties? Does he/she have a pastoral support programme (PSP)? If 'yes' give us details of agencies involved

11 Has the child/young person been excluded from school? Give details. Example, how many times and reasons for the exclusions.

12 What is the likely educational impact of this referral? E.g. What outcome do you expect from us?

13 What other educational services are aware of this child?

Signature:

Date:

Name (please PRINT):

Designation:

Contact address details:

Postcode:

Tel no:

RISE Education – restoring, inspiring, supporting & sustaining, empowering