

# Referral Form for KRS Education Alternative Provision



**Please Note:** Please put N/A if a section isn't Applicable

## 1. Referring School/Commissioner

<b>Current School</b>			
<b>School Contact</b>			
<b>Tel. Nº. Ext</b>		<b>Email</b>	

## 2. Student Details

<b>Name</b>		<b>SEND</b>	Yes / No
<b>Date of Birth</b>		<b>Gender</b>	Male / Female
<b>Current School Year</b>		<b>Ethnicity</b>	

### Medical Needs *(please provide details)*

<b>Medical</b>	
<b>Known Allergies</b>	
<b>Dietary Requirements</b>	
<b>Accessibility Issues</b>	

### Parent / Carer Information

<b>Parent / Carer Name</b>			
<b>Tel. No.</b>		<b>Email</b>	
<b>Address.</b>			

<b>Alternative Contact:</b>			
<b>Tel. No.</b>		<b>Email</b>	
<b>Address.</b>			

## 2. Education Profile

### Student's prior attainment

	Key Stage 2	Key Stage 3*	Key Stage 4*
Numeracy			
Literacy			
ICT			
Personal & Social Development			
If information is not available please supply a teacher assessment			

\* If available

### Attendance Information

Current Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)	Date of last Attendance	Is the student expected to attend 4 days/week?
				YES / NO
EWO Involvement		YES / NO	If yes, please provide contact details	
Name		Tel. N°.		

### Exclusion Information

Number of Days in current term	Reason for exclusions
Number of Days in Previous Term	
Can the Student be aggressive?	Details:
Has the student demonstrated inappropriate sexual behaviour?	Details:

### 3. SEND Profile

Please tick all the boxes that apply to the student

EHCP  MAST Involved  Awaiting Diagnosis

Please provide details of the student's:

<b>Primary Need</b>	
<b>Secondary Need</b>	
<b>Other needs</b>	
<b>EHCP</b>	Overview of Key Areas
<b>Does the student have a specific diagnosis?</b> (e.g. ADHD, ASD, Epilepsy, Dyslexia)	
<b>Does the student have a Risk Assessment in place?</b>	YES / NO <small>If yes, please attach</small>

### 4. Social Profile

<b>Is the student known to social care?</b>	YES / NO <small>If yes, please provide contact details</small>
<b>Name</b>	
<b>Tel. N°</b>	

Other Agency Involvement (tick all that apply)

	Current	Expired	Contact Name	Email
YOT				
Police				
CAMHs				
CYT				
Other (state)				

### Current Status

Does the student fall in to a vulnerable group?

YES / NO

If yes, tick all that apply

- Looked after     Traveller child     Child of asylum seeker   
 Young carer     Teenage parent     School Refuser   
 Young offender     Eligible for FSM

### 5. Reason for Referral

Please provide specific reasons for the referral

<b>Type</b> (please select)	Full time / Part time			
<b>Preferred Day(s)</b> (please select)	Monday	Tuesday	Wednesday	Thursday
<b>AM / PM / Both</b>	AM / PM / Both	AM / PM / Both	AM / PM / Both	AM / PM / Both
<b>Number of days initially:</b>				
<b>Purchase Order Number:</b>				

## 6. Student Profile

Please rate the student's skills in each of the following areas

	Excellent			Poor
Attendance	1	2	3	4
Time Keeping	1	2	3	4
Confidence	1	2	3	4
Interaction with other students	1	2	3	4
Interaction with Teachers	1	2	3	4
General behaviour	1	2	3	4
Attitude to home life and current situation	1	2	3	4
Parental Attitude to	1	2	3	4

Provide details of the student's interests and aspirations

(Once the form is complete, please send it to [simon@krseducation.co.uk](mailto:simon@krseducation.co.uk))

Any further information:

Current Books Being Read

Maths Topics:

Any Known Gaps of Knowledge:

**Permissions:**

On behalf of School:	
Name:	Signature:
Position:	Date:

Parent / Carer	
Name:	Signature:
Parent / Carer:	Date:

Any further information from the Parent / Carer:
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