**SECONDARY BEHAVIOUR SUPPORT REFERRAL FORM**

Please complete this form in full and email it together with any relevant documents to sbss@enfield.gov.uk.

If areas of the form are incomplete it may be returned before any intervention can take place.

If you have any queries please contact the Secondary Behaviour Support Team on 020 8379 8014.

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| **Pupil Details**

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Name of Pupil Date of Birth Year Group Ethnicity

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Address

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|  | Postcode:  |

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Parent / Carer Name

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Contact Tel

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Email Referrer Details

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| Name of School |
| Name of Referrer |
| Contact Telephone: |
| Email |
| Date of Referral |

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| Briefly outline the issues that have prompted this referral: |

**Home & Family Circumstances Sheet**

Please complete this page to the best of your knowledge and wherever possible with verification from parents/carers

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| **Family Composition** |
| **Name** | **Address** | **DOB** | **Ethnicity** | **Disability** | **Relationship** |
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| **Language(s) Spoken** |  | **Interpreter/Signer required Yes No**  |

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| **Family and Environmental Factors** |
| Please highlight **(with the agreement of the parent/carer)** * any significant family events, past or current, of loss or trauma
* any distressing circumstances, past of current, related to housing or family break-up
* any issues, past or current, which might have impacted upon the pupil’s wellbeing or developmental progress

***This information will be treated with the utmost respect*** |
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| **View of Parent/Carer(s)** |
| **Please take this opportunity to highlight the views of the parent/carer(s) regarding their child’s needs e.g. Do they experience similar concerns within the home environment****Please identify the hopes of the parent/carer(s) for their child.**  |
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| **School History**Name of Previous School Date Started Date Left

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Name of Previous School Date Started Date Left

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| **Please Indicate Pupil’s Attainment level** |
|  | **Last Assessment**  | **Current Functioning**  |
| **English** |  |  |
| **Maths** |  |  |
| **Science** |  |  |
| **If the pupil is at Key Stage 4 please attach details of GCSE options, alternative curriculum programmes including placements with outside providers.** |

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| **CYP learning profile** |
| **Strengths:****Difficulties/needs:****Impact on CYP’s everyday life:** |

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| **Exclusions Summary**Date Number of days Reason for Exclusion

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| **School Attendance Figures**Attendance for current academic year: Actual attendance: Possible attendance:  Date of last attendance:  Unauthorised Absence: EWS Referral:  |
| **School Interventions** **Support in school – TA / Mentor** **PSP** **Alternative Provision** **Resource Base** **School Counsellor** **Early Help Form**  |

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| **OTHER AGENCIES INVOLVED** | **KEY WORKER NAME** | **CONTACT DETAILS** | **CURRENTLY INVOLVED****YES NO** |
| **CAMHS/EP** |  |  |  |  |
| **EWS** |  |  |  |  |
| **HEALTH** |  |  |  |  |
| **SOCIAL CARE** |  |  |  |  |
| **YOU** |  |  |  |  |
| **POLICE** |  |  |  |  |
| **FASH** |  |  |  |  |
| **CHANGE AND CHALLENGE** |  |  |  |  |
| **COMPASS** |  |  |  |  |
| **LAC** |  |  |  |  |

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| **Additional Social Care Information****PLEASE TICK** | **CIN** | **CP** | **CSE** | **PREVENT** |

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| **SEN / Medical Needs** **YES NO** Does this student have a statement of SEN/EHCP? If yes what are their main needs:Has an assessment of this student’s SEN been initiated? Specific reason/s for initiation of assessment? Name of Educational Psychologist if involved? Does this student haveany specific learning needs? If yes, please specify: Does this student have any medical needs? If yes, please specify:  |

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| **Student Assessment** **Never Rarely At times Fairly often Often Always** **1 2 3 4 5 6** **Is attentive and has an interest in schoolwork**  **Good learning organisation** **Is an effective communicator** **Works efficiently in a group** **Seeks help where necessary** **Behaves respectfully towards staff** **Shows respect to other pupils** **Only interrupts and seeks attention appropriately** **Respects property** **Has empathy** **Is socially aware** **Is happy** **Is confident** **Is emotionally stable and shows self-control** |

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| **Are there any other comments that you feel would be helpful for Behaviour Support to consider****particularly in relation to their behaviour?** |

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| **What are the hoped for outcomes/impact of this referral?** |
| **REFERRER NAME:****REFERRER SIGNATURE:****DATE:** |
| **PARENTAL NAME:****PARENTAL SIGNATURE:****DATE:** |

**PLEASE NOTE THIS REFERRAL CANNOT BE PROCESSED WITHOUT PARENTAL SIGNATURE**

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