

## Earley Springs Referral Form



Young Person Details						
Forename			Ethnicity			
Surname			Gender			
Date of birth			Year group			
UPN:		ULN:			UCI:	

Young Persons Profile					
Exclusion	Y/N – Please include details below	Funding			
On School Roll	Y/N	Free School Meal	Y/N		
In Year Fair Access	Y/N				
ЕНСР	Y/N – Please include in the referral	Date of PCAR			
Travel Arrangements					

Type of Placement					
Please highlight the placement you require.					
Full School Placement	Timed Placement	Bespoke programme	Emotional wellbeing support		
	How Long?				

Name of Person(s) with Parental Responsibility				
Name:	Name:			
Relationship to the Young Person:	Relationship to the Young Person:			
Address & Postcode:	Address & Postcode:			
Telephone Number:	Telephone Number:			
Email Address:	Email Address:			
Emergency Contact Detail if different:	Doctors' information:			



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Young Person Profile				
Support	Current Previous Details of involvement and relevant contact details			
CiC				
CiN				
СР				
Social Services				
Early Help				
YOT				
CAMHS/NEFLT				
School Health Needs				

School information:				
Last School Attended:		Address & Contact:		
Last Provision Attended: (If not above)		Address & Contact:		

Identified Needs				
Area of Need	Current – Yes/No	Support given		
Cognition and learning				
Communication and interaction				
Social, Emotional and Mental Health				
Does the young person require an EHCP?				

Attendance History					
Total Attendance	Authorised Absence	Unauthorised Absence	Any Relevant information		

Background Information		
Why is the young person being		
referred?		



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Any safeguarding concerns Any restricted adults? Please attach relevant info		
Strengths and Weaknesses young person	of the	
Baseline Data: KS1, KS2 data Reading age		
Other Relevant information: Please Include: 1.Siblings 2. Geographical Restrictions 3. Travel Issues 4. Family Background 5. Health/Medical Information 6. any known allergies		
Name of Deforman		
Name of Referrer: Address:		
Contact Number:		
Role:		
Parental Consents for the		
referral & Date consent was given:		
Date of referral		

Please complete and email to  ${\color{blue} \underline{harriet@earleyspringsschools.com}}$ 

completion: