Referral Form

All sections to be fully completed by the referring school.

COMPASS ACADEMY

Appendix A

Referring School			
Referring School/Academy			
Referral Date			
Name of Principal/Headteacher			
Contact Phone Number			
E-Mail Address			
Name of Key School Contact			
Position Held			
Contact Phone Number			
E-Mail Address			
Name of Designated Safeguarding Lead			
Contact Phone Number			
E-Mail Address			
Name of SENCO			
Contact Phone Number			
E-Mail Address			
Accounts Contact			
Position Held			
Contact Phone Number			
E-Mail Address			
Referral Type			
Preventative / Early Intervention Placement Off-Site Direction Permanent Exclusion Support Intervention Programme Fixed-Period (Suspension) Day 6 Provision Permanent Exclusion (Day 6 Provision)			
Preferred Date for Commencement			
Reintegration Target Date (where applicable)			
Do you have CPOMS Connect?	YES / NO	Permitted to use?	YES / NO

Student Details			
Students Full Legal Name			
Students Preferred Name			
Students Address & Postcode			
Date of Birth		Year Group at Referral	
Sex Assigned at Birth		Gender Identified	
UPN Number		ULN Number	

Referral Form

All sections to be fully completed by the referring school.

Family & Emergency Contact Information			
Parent/Carer Full Name (1)		**Relationship:**	
Address & Postcode			
Telephone Number(s):			
Parent/Carer Full Name (2)		**Relationship:**	
Address & Postcode			
Telephone Number(s)			
Emergency Contact (1)		**Relationship:**	
Address & Postcode			
Telephone Number(s)			
Emergency Contact (2)		**Relationship:**	
Address & Postcode			
Telephone Number(s)			

Student Vulnerabilities				
Student Allergies & Medical Conditions (Known)				
Allergies	YES / NO		Details:	
Medical Conditions (Known)	YES / NO		Details:	
Statutory Vulnerabilities				
Child in Need	YES / NO		Early Help Plan	YES / NO
Child Protection	YES / NO		Ever Safeguarding Vulnerable	YES / NO
Ever Social Worker	YES / NO		Individual Health Care Plan	YES / NO
In Care	YES / NO		Safeguarding Vulnerable	YES / NO
Young Carer	YES / NO			
Other Vulnerabilities				
Pupil Premium:	YES / NO		Start Date	
			End Date:	
Free School Meals	YES / NO		Free School Meals (Ever 6)	YES / NO
Ever In Care	YES / NO		Service Child	YES / NO
Part Time Pupil	YES / NO			

Referral Form

All sections to be fully completed by the referring school.

Special Educational Needs & Disabilities	
Special Educational Needs (SEN) Status	
E - Educational Health Care Plan (EHCP)	YES / NO
K - SEN Support	YES / NO
N - No SEN Support / Monitoring	YES / NO
Special Educational Needs (SEN) *Does the child have difficulties in the following areas? (Please give additional information including any diagnosis):*	
Social, Emotional and Mental Health (SEMH)	YES / NO
Cognition and Learning (C&L)	YES / NO
Communication and Interaction (C&I)	YES / NO
Physical and Sensory (P&S)	YES / NO
Has the child seen an Educational Psychologist?	YES / NO
Has the child seen a Speech & Language Therapist?	YES / NO
Has the child been referred to or had involvement with CAMHS?	YES / NO
Has the child had any involvement with IPASS?	YES / NO
Has the child had any involvement with any other outreach service or alternative provision?	YES / NO
Additional Information	

Behaviour Types

Behaviour Type	Occurs	Date of First Incident	Date of Last Known Incident	Ongoing Concern	Police Involvement
Physical Assault	YES / NO			YES / NO	YES / NO
Threat of Physical Assault	YES / NO			YES / NO	YES / NO
Use of A Weapon	YES / NO			YES / NO	YES / NO
Threatened Use of a Weapon	YES / NO			YES / NO	YES / NO
Risk Behaviour to Self	YES / NO			YES / NO	YES / NO
Risk Behaviour to Others	YES / NO			YES / NO	YES / NO
Persistent Disruptive Behaviours	YES / NO			YES / NO	YES / NO
Sexual Misconduct	YES / NO			YES / NO	YES / NO
Bullying/Being Bullied	YES / NO			YES / NO	YES / NO
Verbal Abuse	YES / NO			YES / NO	YES / NO
Property Damage	YES / NO			YES / NO	YES / NO
Absconding	YES / NO			YES / NO	YES / NO
Substance Misuse	YES / NO			YES / NO	YES / NO
Self-harm	YES / NO			YES / NO	YES / NO
Other	YES / NO				

Referral Form

All sections to be fully completed by the referring school.

Additional Information

Adverse Childhood Experiences (ACEs) If Yes, please give additional information	
Are parents/carers/students accessing mental health services?	YES / NO
Do parents/carers/students have a learning or physical disability?	YES / NO
Are there any concerns around substance misuse in the family home? (previously or currently)	YES / NO
Do you know of any history of domestic abuse/violence in the family home?	YES / NO
Has there been any significant changes within the family? (*bereavement, separation/divorce, house move, imprisonment or recent release*)	YES / NO
Additional Information *Please give a brief history of the child's care arrangements / family circumstances or any other relevant ACEs information with consideration given to abuse, dysfunction, behaviour, physical & mental wellbeing.*	

Known Multi Agency Involvement with Child/Family					
Agency	**Contact Name**	**Telephone Number**	**Email**	**Reasons for**	**Current?**
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
Do you have any concerns that the child/families multi-agency needs are not being met?					YES / NO
If Yes, please give more information:					

Academic Information			
Attendance			
Current Year Attendance (to date):		Last Year Attendance:	
Any Further Attendance Concerns (including EWS Info):			
Exclusion History			

Referral Form

All sections to be fully completed by the referring school.

Fixed Term Number		
Permanent (include date)		
Upheld	YES / NO	
Subjects	**Key Stage 2 Data**	**Key Stage 3 Data**
English		
Maths		
Science		
Latest Assessment Data (include dates)		
English:		
Maths:		
Science:		
Please give description of students strengths & interests:		

Interventions

Please state what interventions have taken place to date (please provide full details)

Interventions	Details

Parental Consent & Submission of Referral to The Compass Academy

The form must be submitted via email: hello@com.hlt.academy

I hereby confirm that I have consulted with the referring school/academy and consent to The Compass Academy processing this referral.

Parent/Carer Name	
Parent/Carer Signature	
Date of Signature	

We hereby confirm that the information provided is complete and correct. All documents have been submitted to evidence the information detailed above. We have consulted with the respective parents/carers in respect of this referral for panel consideration.

Referring Member of Staff Name	

Referral Form

All sections to be fully completed by the referring school.

Referring Member of Staff Signature	
Date of Signature	
Principal/Headteacher confirmation	
Principal Name	
Principal Signature	
Date of signature	