

REQUEST FOR SUPPORT KS 1 / 2 / 3 / 4 / Outreach

1. This form should be completed by the school and signed by the Head teacher and parents/carers.
2. Please continue any entries on a separate sheet if necessary. You should attach all relevant reports including those where other agencies have been involved.

Please return **Secondary** referrals to jdavies@icollege.org.uk and **Primary** referrals to jfarley@icollege.org.uk

Child's Surname		Other name(s)			
Names of Parents / Carers					
Date of Birth and school year					
Contact Number(s)					
Home Address					
Email Address					
Please indicate who will be the main liaison contact at the school, for discussion of this student's targets and educational plan.					
Other Schools attended in last eighteen months					
Name(s) of any other multi-agency workers, including contact numbers and email who have supported the family or school and from whom copies of reports can be obtained	Agency		Contact Name and Details		
Is the pupil currently attending school, if NO please indicate why.	Yes		No		Reasons
SEN Information – select appropriate	Statement (S)		Education, Health & Care Plan (E)		SEN Support (K)
Please indicate type of need Primary (1) Secondary (2)	Communication and Interaction				
	Cognition and Learning,				
	Social, Emotional and mental health difficulty				
	Sensory and/or physical needs				

Please summarise the difficulties that have led to this referral, providing clear, recorded evidence on a separate sheet if required.

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From the list below, please identify support / agencies involved
Additional Information or tick if separate Attachment

IEP/SAP Targets	<input type="checkbox"/>	
PSP/behaviour	<input type="checkbox"/>	
Medical Issues	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	
Attendance Issues	<input type="checkbox"/>	
Cat scores	<input type="checkbox"/>	
Statements of Special Educational Need Report / EHC Plan	<input type="checkbox"/>	
KS2 results – teacher assessment & tests	<input type="checkbox"/>	
K3 results – teacher assessment	<input type="checkbox"/>	
Any other exams completed + exam board	<input type="checkbox"/>	
Individual Risk Assessment (blank sent to you)	<input type="checkbox"/>	
PEP/LAC report	<input type="checkbox"/>	
EBD if available or TBB scale (blank sent to you)	<input type="checkbox"/>	
Learning Style	<input type="checkbox"/>	

Student's UPN		
Student's ULN (14 years+)		
Pupil Premium <i>(please indicate type i.e. FSM/ LAC/ Ever6)</i>		
% attendance for 12 week period prior to support request <i>(not academic year)</i>		
Number of days previous excluded in the same 12 week period prior to the date of this form		
Current levels/grades for English, Maths and Science		
Please attach any other recent reading, spelling and maths assessments (indicate if there is a time frame when this should not be repeated).		
Any relevant family information		
Please attach their Last School Report		

What has been tried within the school's resources to meet the pupils' needs?

Please indicate the areas in which you require the additional support from a Pupil Referral Unit:

Please give an indication of the student's strengths and interests:

Please give a brief indication of the parental / carer views about the involvement of staff from a Unit:

Please give a brief indication of the pupil's views about the involvement of staff from a Unit:

Signed

Dated

Head teacher

Parent/carer

Health and Safety Risk Assessment

Education Service/School:

Date:

Unit:

Activity, Place or Client:

Hazard	Person/s who might be harmed	Risk controls in place	Likelihood of risk graded 1-5	Severity of risk graded 1-4	Overall risk	Further action necessary to control risk	Date

Risk Assessment and actions by:	Name/Role:		Signature:	
EVC, Health and safety Advisor:	Name/Role:		Signature:	
Authorised by:	Name/Role:		Signature:	
If any action is noted that requires specialist training, please ensure you have the right qualifications or employ an instructor. Please sign to confirm.			Signature:	
Review Date:	Assessor, signature:	EVC, Health and Safety Advisor, signature:	Authorised by, signature:	

Notes:

- Authorisers will be Heads of Service, Heads of School Department or Head Teachers.
- Risk Assessment reviews to be carried out after any associated 'Riddor' accident or at least annually.

RISK = SEVERITY OF HAZARD X LIKELIHOOD OF OCCURANCE

Severity can be measured on a 4-point scale:

1. No injury
2. Minor injury: May need some first aid assistance - not life threatening but of a minor nature e.g. nose bleed, minor bruises, sprains etc.
3. Major injury: Any fracture other than to fingers, thumbs or toes. Any dislocation. Loss of sight. Any injury or incident leading to hypothermia, unconsciousness, requiring resuscitation or requiring admission to hospital.
4. Fatal

Likelihood can be measured on a 5-point scale:

1. Improbable: so unlikely that probability is close to zero.
2. Remote: unlikely, but conceivable.
3. Possible: could occur sometime
4. Probable: not surprised will occur several times
5. Likely: occurs repeatedly / event only to be expected.

Multiplying Severity x Likelihood gives a number between 1 and 20. The person completing the risk assessment then has a relative scale of risks on which to base protective measures to reduce the overall risk as close as possible to 1.

Risk can be categorised in the following way:

1-5	low risk
6-10	medium risk
11-15	high risk
16-20	unacceptable risk

Low risk: [1-5]	The possibility and nature of an accident occurring are not substantially different to those occurring in every day experience.
Medium risk: [6-10]	The hazards encountered are outside the groups' experience but by adopting principles of good practice it should bring them to an acceptable level.
High risk: [11-15]	The hazards encountered are beyond the every day experience of the group. The repercussions of an accident could lead to serious consequences.
Unacceptable risk: [16-20]	The hazards encountered are far beyond the experience of the group and the party leader. The visit should not go ahead.

TBB Disaffection Matrix.

Date: _____

Name: _____

Summary Chart section 1. Emotional and social behaviour. Extent of staffs' concern.	RAG rate according to key below
Sexualised gestures	
Sexualised languages	
Abusive language	
Verbally threaten other pupil	
Verbally threaten staff	
Directed abuse to staff	
Racism	
Homophobia	
Drug related conversations	
Uses rude/ offensive language	
Talk of illegal activity	
Personal insults to students and visitors	
Physically threatens/harm pupils	
Physically threatens/harm teacher	
Shredding paper	
Destroying classroom equipment (pencil, ruler etc.)	
Destroying books/magazines	
Destroying displays	
Drawing on walls doors and tables	
Throwing with intent	
Refusing to follow instructions	
Kicking doors	
Slamming doors	
Walking out of class	
Walking off site	
Not handing in belongings	
Taking responsibility for their actions	
Listening skills	
Not engaging with the group	
Attendance	

No cause for Concern	
Mild cause for Concern	
Serious cause for Concern	