

REQUEST FOR SUPPORT KS 3 / 4 / InReach 2025-2026

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 award@icollege.org.uk
and PFramalicco@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.			
DSL contact			
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

Attachment

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

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/carers

SAFEGUARDING SCREENING

Indicator : Health domain	Present: Yes / No / Possible / Don't know	Evidence/ Comment
Physical injuries such as bruising suggestive of either physical or sexual assault		
A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI's		
Pregnancy and / or seeking an abortion		
Sexually risky behaviour		
Self-harming		
Thoughts of, or attempted suicide		
Eating disorder		
Evidence of misuse of drugs / alcohol, including associated health problems		
Change in appearance including losing weight, putting on weight,		
Learning Disability		

Indicator: Behaviour Domain	Present: Yes / No / Possible / Don't know	Evidence/ Comment
Sexual offending behaviour		
Reported as a missing person		
Truancy / disengagement with education, or considerable change in performance at school		

Volatile behaviour exhibiting extreme array of mood swings or abusive language which is unusual for the child		
Becoming angry, hostile if any suspicions or concerns about their activities are expressed		
Aggression or violence towards parents, siblings, pets, teachers or peers		
Detachment from age-appropriate activities		
Secretive behaviour		
Known to be sexually active		
Low self-image, low self-esteem,		
Young offender or anti-social behaviour		
Sexualised language		
Hostility in relationship with parents / carers and other family members		
Getting involved in petty crime such as shoplifting or stealing		

Indicator: Grooming Domain	Present: Yes / No / Possible / Don't know	Evidence/ Comment
Entering or leaving vehicles driven by unknown adults		
Excessive use of mobile phones including receiving calls late at night		
Reports that the child / young person has been seen in places known to be used for sexual exploitation		
Unexplained relationships with older adults		
Associating with other young people who are known to be sexually exploited, including in school		
Sexual relationship with a significantly older person		
Phone call, texts or letters from unknown adults		
Mobile phone being answered by unknown adult		
Inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet. Note adults may pose as peers to entrap the child.		
Accounts of social activities with no plausible explanation of the source of necessary funding		
Having keys to premises other than those they should have		
Possession of money with no plausible explanation		
Acquisition of expensive or sexual clothes, mobile phone or other possession without plausible explanation		

Having new mobile phone, several mobile phones, especially Blackberry or I phone – (because messages cannot be traced). Always have credit on their mobile phones, despite having no access to money or having no credit so phone can only be used for incoming calls.		
Notes/additional comments		

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	