SOUTH BROCKWELLS FARM SCHOOL

Student Referral Form

education@southbrockwellsfarm.com

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EXPLORE	INSPIRE	RESET	DEVELOP

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Referrer Details

Referring School/ Body		Contact	
Contact Number		Contact email	

Student Details

Full Name		Gender	
DOB		Year Group	
Address			
Eligible for Pupil Premium?		Eligible for Free School Meals?	
LAC Pupil?		Adopted From Care	
Ethnicity		First Language	
Primary carer(s)with parental responsibility* *include relationship to child for clarity		Telephone	
		Mobile	
Carers address			
Carers Contact Tel Number		Carers Contact email	

Additional Information

	Please tick to confirm attachments or indicate N/A
Additional Needs Plan/ APRD/ Support Plan	
Education, Health and Care Plan	

	Please tick if relevant and give details
Use of Positive Handling/Physical Intervention	
Incidents of violent behaviour	
Poor attendance	
Personalised educational provision	

Service Involvement

Agency	Please tick and give contact name and email where appropriate.
ESBAS Attendance/Behaviour	
Social Services (state CiN or CP)	
CIC/LAC – Virtual School	
Educational Psychology	
Child and Adolescent Mental Health Services	
Youth Offending Team	
Other (please specify)	

Reasons for Referral

Current barriers for the student
Communication and interaction
Cognition and learning
Social, emotional and mental health
Sensory & physical

Expected duration of placement

Expectations of placement outcomes
1)
2)
3)

Safeguarding and Welfare Profile

Is there a history of…(please tick)	Yes	No	Please provide additional details
Offending behaviour			
Bullying (victim or perpetrator)			
Risk taking / reckless behaviour			
Aggressive/ threatening outbursts or violence			
Self-harm			
Sexual exploitation			
Arson			
Care giving (young carer)			
Allergies or intolerance (including food allergies) – please specify			

Other

Please add any other relevant information or supporting evidence here: