



Student Referral Form

1. Referrer Details

- Name: _____
 - Position/Role: _____
 - Organisation (if applicable): _____
 - Address: _____
 - Email: _____
 - Telephone Number: _____
 - Relationship to Student: _____
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2. Student Details

- Name: _____
- Date of Birth: _____
- Address: _____
- Telephone Number: _____
- Gender: _____
- Ethnicity: _____
- First Spoken Language: _____
- Current School Year: _____
- Immigration Status (if applicable): _____
- Entitled to Free School Meals: Yes No
- Traveller Pupil: Yes No
- Newly Arrived to Area: Yes No

3. Placement Status:

- Looked after by Local Authority (Child in Care)
- Private Fostering Arrangement
- Adopted
- Living with Parents
- Living with Other Family Member
- Other: _____

4. Family Overview:

How the student lives within the home:



5. SEN / SEND Information:

- SEN Status: SEN Support EHCP
 - Date of EHCP:
 - EHCP Review Date:
 - SEND Case Manager Name & Contact Details:
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- Details of SEN / Specific Action Points:

6. Parent / Carer & Emergency Contact Information

Parent / Carer

- Name: _____
- Relationship to Student: _____
- Address: _____
- Email: _____
- Telephone Number: _____

Emergency Contact

- Name: _____
- Relationship to Student: _____
- Address: _____
- Email: _____
- Telephone Number: _____

7. Medical Information

- Medical Conditions: _____
 - Medication Required: _____
 - Known Allergies: _____
 - Dietary Requirements: _____
 - Accessibility Requirements: _____
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8. Attendance & Academic Information

Attendance Record

Academic Year	Authorised Absences (%)	Unauthorised Absences (%)	Date of Last Attendance
Current			
Previous			

9. Key Stage Results

Key stage	English	Maths	Science
KS2			
KS3			
KS4			

10. Qualifications Currently Working Towards (include levels/grades):

Qualifications Already Achieved (include levels/grades):



11. Details of Previous Educational Interventions:

Copy of Current Timetable Provided

12. Referral Reasons & Context

- Reasons for referral (behaviour, barriers to learning, risks, concerns):
 - Student's goals / aspirations:
 - Known strengths:
 - Known barriers:
 - Known triggers:
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13. Behaviour, Risks & Support Needs

Risk Assessment

- Does the pupil have an individual risk assessment? Yes No

- Risk Assessment



Provided? Yes No

Known Behaviours of Concern (select all that apply):

- Physical assault against pupil Physical assault against adult
- Verbal abuse / threatening behaviour (pupil) Verbal abuse / threatening behaviour (adult)
- Bullying Racist Abuse Drug / alcohol-related Sexual misconduct
- Damage Theft Persistent Disruptive Behaviour Defiance
- Smoking Other: _____

Frequency of Known Risks:

Behaviour	Never	Occasionally	Frequently
Threatens pupils verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatens pupils physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses sexually offensive language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaults another young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaults staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damages property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commits criminal offence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical restraint required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Copy of Behaviour Record Provided

Desired Outcome from Placement at Chayah Education:

14. Adverse Childhood Experiences (ACEs)

(For information only – do not discuss at referral meeting)

- Abuse: Physical Emotional Sexual



- Neglect:

Physical Emotional

- Household Dysfunction: Incarcerated relative Divorce Parent treated violently Substance abuse Mental illness

Any further relevant information:

15. Previous School Exclusions

Dates of Exclusion	Length (days)	Reason
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Please return completed form to: info@chayaheducation.co.uk

Please also provide all relevant documentation: EHCP, LAC PEP/Care Plans, ILPs, risk assessments, timetables, behaviour records.