**Referral to the Redbridge Primary Behaviour Panel**

**For use from September 2020**

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| **1.1 – Referrer’s details** |
| Date: | Telephone: | Email: |
| Referring school: |
| Name and status of person referring: |  |

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| **2.1 – Pupil Details** |
| Name:  | UPN: |
| UCI: | ULN: |
| Gender: | Year Group: | DOB: |
| Address:  |
| Health Needs: [ ]  | Care Plan: [ ]  | Child Looked After: [ ]  |
| FSM: [ ]  | Pupil Premium: [ ]  | Designated LSA: [ ]  |
| CAF: [ ]  | Child In Need: [ ]  | Child Protection: [ ]  | SEN (please attach): [ ]  |

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| **2.2 - Ethnicity codes** |
| [ ]  White British | [ ]  Gypsy/Roma | [ ]  Any other mixed background | [ ]  Any other Asian background | [ ]  Chinese |
| [ ]  White Irish | [ ]  White and Black Caribbean | [ ]  Indian | [ ]  Black Caribbean | [ ]  Any other ethnic group |
| [ ]  Traveller of Irish Heritage | [ ]  White and Black African | [ ]  Pakistani | [ ]  Black African | [ ]  Refused |
| [ ]  Any other white background | [ ]  White and Asian | [ ]  Bangladeshi | [ ]  Any other Black background | [ ]  Information not yet obtained |

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| **2.3 – Parent/Carer Details** |
| Parent name (1): | Parent name (2): |
| Person with parental responsibility: |
| Family details (child’s numerical position in family):  |
| *Please stipulate to whom the telephone numbers belong* |
| Home telephone: | Work telephone: |
| Mobile telephone: | Emergency number: |
| Language spoken at home: | Interpreter required: [ ]  |
| Any relevant family circumstances: |  |

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| **2.4 – Services working with the pupil** |
| **Intervention/Agency** | **Contact name** | **Telephone, Email** |
| EWMHS (formerly CAMHS) |[ ]   |   |
| Education Welfare Service |[ ]   |  |
| Child Development Centre (CDC) |[ ]   |  |
| SEATSS |[ ]   |  |
| Educational Psychologist |[ ]   |  |
| Families Together |[ ]   |  |
| Early Intervention |[ ]   |  |
| Social Worker |[ ]   |  |
| Health Services  |[ ]   |  |
| CAF Team |[ ]   |  |
| Mentor |[ ]   |  |
| Any other: |[ ]   |  |

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| **3.1 – Reason for referral** |
| Please explain why this pupil is being referred to the panel. Please give details of background information, recent behaviour over the last term as well as any other relevant information. |
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| **3.2 – Behaviour over last term** |
| Please attach behaviour log and incident reports. Logs and/or reports attached [ ]  |
|  | Towards Staff | Towards Pupils |
|  | Never | Rarely | Sometimes | Frequently | Never | Rarely | Sometimes | Frequently |
| Verbal abuse | [ ]  | [ ]  | [ ]  | [ ]  |[ ] [ ] [ ] [ ]
| Physical abuse |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Disruptive in lessons |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Sexual behaviour |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Racist behaviour |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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| **3.3 – Strategies and Resources** |
| Please explain the tailored support, strategies or resources the school has used to address the problems to date and how successful these have been.  |
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| Adjusted Timetable: [ ]  | Life Skills Programme: [ ]  | Reflection Time: [ ]  |
| SENCO Involvement: [ ]  | Nurture Group: [ ]  | School monitoring: [ ]  |
| Learning Mentor: [ ]  | Pastoral Support Plan: [ ]  | School sanctions/rewards: [ ]  |
| Parent Liaison: [ ]  | Peer mentor support: [ ]  | Social skills group: [ ]  |

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| **3.4 – Pupil’s interests, skills and talents** |
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| **4.1 – Attendance** |
| % attendance:  | No. Unauthorised absences:  |
| Please attach Attendance certificate.Attendance certificate attached: Yes [ ]  No [ ]  |

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| **4.2 – Fixed Term Exclusions** |
| Date | Reason | No. of ½ school days lost |
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| **5.1 – Academic details** |
| Please attach the pupil’s most recent school report (If available). Please provide the pupil’s latest assessments according to **Age-related Expectations (ARE).** | Report attached [ ]  |
| Pupil is working: | Significantly below age-related expectations | Towardsage-relatedexpectations | At age-relatedexpectations | Beyondage-relatedexpectations |
| Maths |[ ] [ ] [ ] [ ]
| Reading |[ ] [ ] [ ] [ ]
| Writing |[ ] [ ] [ ] [ ]

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| **6.1 – Risk assessment** |
| Please tick the box if a risk assessment has been previously carried out. Please attach. |[ ]

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| **7.1 - Declaration** |
| Has the referral been discussed and agreed with parents/carer?  | Yes [ ]  No [ ]   | Has this referral been discussed and agreed with pupil? | Yes [ ] No [ ]  |
| Date of agreement: |  | Date of agreement: |  |
| Signature of Headteacher/Head of Service: |  | Date: |
| **Please note that a placement is at the discretion of the Redbridge Primary Behaviour Panel. This should be made clear to parents/carers.** |

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| **Please fully complete the referral form and return via SECURE EMAIL (e.g. Egress) with all supporting documents to** Bal.Matharu@redbridge.gov.uk |