

Referral by Local Authority/School

Name of Local Authority/School:

|  |
| --- |
|  |

Date of Referral:

|  |
| --- |
|  |

**Details of Named Point of Contact at Local Authority/School:**

|  |  |
| --- | --- |
| Full Name: | Address |
| Email: | Contact No: |

**Details of Child/Young Person (CYP):**

|  |  |
| --- | --- |
| Full Name: | Gender: |
| D.O.B (dd/mm/yyyy): | Religion: |
| Ethnicity: | Languages Spoken: |
| Address: | |
| Living with (Parents/Carers/Other): |  |
| Parent/Carers Name: |  |
| Relationship to Child/Young Person: |  |
| Parent/Carer Contact Number: |  |

|  |  |
| --- | --- |
| Child/Young Person’s Current Year Group: |  |
| Current Attainment Level - English: | Below expected/ As expected/ Above expected |
| Current Attainment Level - Maths: | Below expected/ As expected/ Above expected |
| Current Educational Provision: |  |
| Address: |  |
| Named Point of Contact: |  |
| Contact Number: |  |
| Email Address: |  |
| Known Medical Conditions/Allergies: |  |
| Current/Regular Medications: |  |
| Mental Health History: |  |
| What are the plans to re-integrate CYP? |  |

|  |  |
| --- | --- |
| EHCP attached? |  |
| Risk Assessment attached? |  |
| Desired Start Date: |  |
| Hours per day: |  |
| Days per week: |  |
| Please state reasons for referral: |  |

Please detail any behavioural/SEMH issues that the tutor should be aware of:

|  |
| --- |
|  |

Additional Details:

|  |
| --- |
|  |

Funding Provided By:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Name of Signatory** | **Signed** | **Date** |
|  |  |  |

Thank you for completing the referral form. Please email to [contact@spectrumtutors.co.uk](mailto:contact@spectrumtutors.co.uk) along with all relevant attachment such as the student’s EHCP and Risk Assessment.