

 Referral by Local Authority/School

Name of Local Authority/School:

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Date of Referral:

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

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

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

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| --- | --- |
| 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: |  |

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| --- | --- |
| 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? |  |

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| --- | --- |
| 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:

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Additional Details:

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Funding Provided By:

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

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