**Children Previously in Care – School Referral Form 2023/24**

**For advice regarding an individual child or young person please complete this referral form and return to** [**virtual.schoolspic@norfolk.gov.uk**](mailto:virtual.schoolspic@norfolk.gov.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of person completing the form:** |  | | | | | | | | | | | | | **Role:** | |  | | | | | | | |
| **Name of School:** |  | | | | | | | | | | | | | | | | | | | | | | |
| **Date form completed:** |  | | | | | | | | | | | | | | | | | | | | | | |
| **Is the family aware of your concerns?** | Yes | | | | | | No | | | | | **Voluntary PEP?** | | | | | | Yes | | | | No | |
| **Virtual School is only able to offer direct support if parental consent has been granted. Please confirm that you have obtained parent or guardian consent.** | | | | | | | | | | | | | | | | | | | | | | | |
| *Name Parent/Guardian:* | | | | | *Date of permission:* | | | | | *How was permission requested?* | | | | | | | | | | | | | |
| ***Previously in Care Status (please delete as applicable):***  *Adopted / Special Guardianship Order / Child Arrangements Order* | | | | | | | | | | *In person* | | | *Telephone* | | | | *E-mail* | | | *Other:* | | | |
| **Name of pupil:** |  | | | | | | | | | **Year Group:** | | |  | | | | **Attendance (%)** | | | | | |  |
| **Is the pupil on school SEND register?** Yes / No  **Area(s) of need – delete as appropriate:**  Speech and Language / Social Communication and Interaction / Learning and Cognition / Social, Emotional and Mental Health / Deafness / Visual Impairment / Physical Disability | | | | | | | | | | **EHCP (delete as appropriate):**  Final / Application Stage / No  ***Primary area of need:*** | | | | | | | | | | | | | |
| **Have the school completed INDES for this pupil?**  Yes / No | | | | | | | | | | **Have the school completed the October census to trigger Pupil Premium Plus funding for this pupil?** Yes / No | | | | | | | | | | | | | |  |
| **Other professionals involved supporting pupil and family -** *services can be Private or NHS, in school or at home (highlight or delete as appropriate):* | | | | | | | | | | | | | | | | | | | | | | | |
| *Early Help Assessment and Plan (EHAP)* | | *Family Support* | | | | *Educational Psychologist* | | | | | *Speech and Language* | | | | | | | | | | *Counselling* | | |
| *Social Worker (CiN / CP)* | | *Attendance Team* | | | | *Specialist Teachers* | | | | | *Occupational Therapy* | | | | | | | | | | *Neuro-Developmental Service* | | |
| *Adoption or Kinship support* | | *School to School Support* | | | | *CAMHS* | | | | | *GP/Paediatrician* | | | | | | | | | | *Other:* | | |
| **Please outline your query or concerns** | | | | | | | | | | | | | | | | | | | | | | | |
| ***What is working well?*** | | | | ***What are you worried about?*** | | | | | | | | | | | ***Next Steps – what support is needed?*** | | | | | | | | |
| **What reasonable adjustments or supporting documents are currently utilised to support this child/young person?** | | | | | | | | | | | | | | | | | | | | | | | |
| Directed adult support available | | PEaSS consulted | | | | Seating plans/class layout | | | | | Low stimulation area/ quiet space | | | | | | | | | | Visual/auditory cues | | |
| Individual timetable | | Sensory breaks/circuits | | | | Enhanced transition | | | | | Small group interventions - attainment | | | | | | | | | | Communication and social skills groups | | |
| Reduced timetable | | | Specific 1:1 support | | | | | | Nurture 1:1/group | | | | | | | | | | Alternative provision | | | | |
| One-page profiles/  pupil plan | | | | Formal Risk Assessment | | | | | | | | | | | Behaviour recording/ behaviour support plan | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the child/young person received, or are they at risk of fixed term suspension or permanent exclusion? Yes / No** | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you receiving support from the NCC SEMH and Transitions Team?** Yes / No | | | | | | | | **Adviser Name:** | | | | | | |  | | | | | | | | |