

When this form is completed, please return to : dspl4sbs@riversesc.herts.sch.uk

Please be aware that this information may be shared with a panel of professionals representing the DSPL, in line with Data Protection procedures.

Please note: Incomplete forms may be returned. Please ensure the form is completed fully to prevent any delay.

Please password protect the form.

School Details:	
Name of School:	
Date:	
Name of person Completing form:	
Email:	
Telephone:	

Student Details:		
First name:	Middle name(s):	Surname:
Date of Birth:	Current Year Group:	Male/Female/Trans
Religion	Ethnicity	First language (is interpreter required?)

Level of Need:	
Free School meals? (Y/N)	Pupil Premium? (Y/N)
FFA in place? (Y/N)	Child in Need plan in place? (Y/N)
CP Plan in place? (Y/N)	Other? Please detail

SEND (please tick as appropriate)	
Not on SEN register <input type="checkbox"/>	If on SEND register, what are the student's main presenting needs?
SEND Support <input type="checkbox"/>	
Evidence being gathered for EHCP <input type="checkbox"/>	
EHCP assessment pending <input type="checkbox"/>	
EHCP pending <input type="checkbox"/>	
Banding level of EHCP <input type="checkbox"/>	
EHCP in place <input type="checkbox"/>	

Current education circumstances	
In school full time: <input type="checkbox"/>	On reduced timetable: <input type="checkbox"/> Please detail
On fixed term exclusion: <input type="checkbox"/>	Other (please detail)
Estimated percentage of school day spent in classroom (0-100%):	

Attendance Data				
Period	Percentage			Number of fixed term exclusions:
	Attendance	Authorised absence	Unauthorised absence	
Current academic year				
Previous academic year				

Interventions / other services, professionals (tick all that apply)	
Rewards and consequences programme <input type="checkbox"/>	Strength in Minds referral <input type="checkbox"/>
School mentor/Pastoral support <input type="checkbox"/>	ESMA referral <input type="checkbox"/>
Square 1 Support involvement <input type="checkbox"/>	CGL referral <input type="checkbox"/>
Therapeutic Interventions eg. Music/Art <input type="checkbox"/>	Rivers outreach involvement <input type="checkbox"/>
Risk assessment/Risk Reduction Plan (STEPS) <input type="checkbox"/>	CYPMHS involvement <input type="checkbox"/>
Education Psychology involvement <input type="checkbox"/>	SASH <input type="checkbox"/>
Health (school nurse/health visitor) <input type="checkbox"/>	Family Support Worker <input type="checkbox"/>
Speech and Language <input type="checkbox"/>	Social Worker <input type="checkbox"/>
Mental Health Team <input type="checkbox"/>	SfYP referral <input type="checkbox"/>
Coaching Direct <input type="checkbox"/>	FFA <input type="checkbox"/>
No More Project <input type="checkbox"/>	Gangs In School <input type="checkbox"/>
HABS <input type="checkbox"/>	HALO <input type="checkbox"/>
Virtual School <input type="checkbox"/>	AIO <input type="checkbox"/>
Other: Please detail	Access to Educations Team <input type="checkbox"/>

Please provide a brief overview of concerns and any other comments that may be useful (including any confirmed diagnosis or whether awaiting diagnosis):

Parent/Carer Signature:	
Date:	