

Rivers ESC Secondary Referral

Rivers Outreach offers a “wellbeing and valued behaviours” tiered intervention for pupils that promotes self-assessment and solution focused strategies.

The Programmes of Support prioritise self-esteem and positive mental health through restorative approaches, goal setting and fresh starts for the pupils to re-engage and progress with their learning.

For pupils

How can we work together to help you build confidence in your learning and personal development for you to progress?

HOW CAN WE HELP YOU TO GET IT RIGHT IN SCHOOL?

Which service do you require?	Outreach <input type="checkbox"/>	Respite <input type="checkbox"/>
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Student Details:		
First name:	Family name/Surname:	UPN:
Date of birth:	Current Year Group:	Preferred pronouns:

1 st Parent/Carer details (the student's main carer):			
Full name:	Home tel:	Mobile tel:	Work tel:
Address:	Parent/carers email address:	Relationship to student: Select	
2 nd Parent/Carer details:			
Full name:	Home tel:	Mobile tel:	Work tel:
Address:	Parent/carers email address:	Relationship to student: Select	

School Details:	
Name of School:	
Date:	
Name of Staff member completing form:	
Your position within the school and email address:	

Attendance data:			
Percentage	Attendance	Authorised absence	Unauthorised absence
Current academic year			
Comments regarding attendance figures:	Click here to enter text.		
Open to HCC Attendance team: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Previous Schools
Previous school:

Level of Need:			
Families First assessment:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
CP Plan in place:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child in Need (CIN) in place:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pupil Premium:	Yes <input type="checkbox"/> No <input type="checkbox"/>	FSM:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Looked After:	Currently <input type="checkbox"/>	Previously <input type="checkbox"/>	No <input type="checkbox"/>

SEND:

If child has SEND, what are the student's main presenting needs? SEMH? Please provide further information.

Not on SEN register	<input type="checkbox"/>	SEND support	<input type="checkbox"/>	Evidence being gathered for application for EHCP	<input type="checkbox"/>
EHCP Assessment	<input type="checkbox"/>	EHCP in progress/ in draft	<input type="checkbox"/>	EHCP finalised	<input type="checkbox"/>
SENCO comments, including awaiting assessment:					

Academic Data: Required for RESPITE ONLY

Reading age:		Spelling age:			
CAT Scores					
Verbal		Non-verbal		Quantitative	
KS3 Data:					
Maths:		English:		Science:	
KS4 Data:					
Subject	Exam Board		Current Level		Predicted Level
English Language					
English Lit.					
Maths					
Science					

Sanctions:**External Suspensions**

Start date	No. of days	Reason

Internal Suspensions

Start date	No. of days	Reason

Reason for Referral:

(Triggers, context, strengths/difficulties)

Please provide a brief overview of concerns including diagnosis.

Click here to enter text.

Safeguarding:	
Safeguarding concerns:	Yes/No
Risk Assessment:	
Is there a risk assessment for this pupil? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please include the relevant risk assessment and accompanying documents pertaining to effective risk management strategies	

Off-Site Direction
<i>Please give details if this pupil has been directed to another education setting, including AP, to improve their behaviour (please include date started and any reviews)</i>
Click here to enter text.

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"/>
Therapeutic Thinking <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 <input type="checkbox"/>	CAMHS 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"/>
SLCA <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/Chexs <input type="checkbox"/>	SENDIAS <input type="checkbox"/>
Virtual School <input type="checkbox"/>	Attendance Team <input type="checkbox"/>
Other: Please give details.	Access to Education Team <input type="checkbox"/>

Professional Involvement:		
Name of professional and Service: <i>e.g., Coaching Direct, Services for Young People, SASH, Schools and Gangs Team, etc.</i>	Date started & ended:	Impact & outcome:
		Click here to enter text.
		Click here to enter text.

Please confirm that the referral has been discussed with parents/carers, who give consent:

Parent/Carer Signature:	
Date:	
Return to Kate Goodwin :	k.goodwin@riversesc.herts.sch.uk