



**Request for Involvement**

|  |                 |                           |                  |
|--|-----------------|---------------------------|------------------|
| <b>Name: (of the person making the referral)</b> |                 | <b>Date of referral</b>   |                  |
| <b>Role:</b>                                     |                 | <b>Contact Details:</b>   |                  |
| <b>Pupils Name:</b>                              |                 | <b>D.O.B:</b>             | <b>Yr Group:</b> |
| <b>School:</b>                                   |                 | <b>Family of Schools:</b> |                  |
| <b>Attendance%:</b>                              |                 | <b>Free School Meals:</b> |                  |
| <b>Current Attainment:</b>                       | <b>Reading:</b> | <b>Writing:</b>           | <b>Maths:</b>    |

| <b>Questions</b>   | <b>Please circle</b> |           | <b>Comments</b>  |
|--|----------------------|-----------|--|
| <b>Is the child a 'Child looked after'?</b>  | <b>Yes</b>           | <b>No</b> |  |
| <b>Is the child open to Social Care?</b>   | <b>Yes</b>           | <b>No</b> | <b>Child in Need<br/>Child Protection<br/>Assessment</b> |
| <b>If so what level?</b>   |                      |           |  |
| <b>Has the child been discussed with Early Hep Unit?</b>   | <b>Yes</b>           | <b>No</b> |  |
| <b>Do they have an EHAF?</b>   | <b>Yes</b>           | <b>No</b> | <b>Please Attach</b>                                     |
| <b>What behaviour is causing concern? Is the concerning behaviours pathway being followed?</b>   |                      |           |  |
| <b>Are the Family Reporting similar behaviours at home?</b>                                      | <b>Yes</b>           | <b>No</b> |  |
| <b>Is the child at risk of exclusion?</b>  | <b>Yes</b>           | <b>No</b> | <b>Lunch? Fixed term? Permanent exclusion?</b>           |
| <b>Are the main difficulties Social &amp; Emotional or Mental Health?</b>                        | <b>Yes</b>           | <b>No</b> |  |
| <b>Does the child have any other SEN needs &amp; if so what are they?</b>                        | <b>Yes</b>           | <b>No</b> |  |
| <b>Was the child discussed at Family Springboard?</b>  | <b>Yes</b>           | <b>No</b> | <b>Outcomes?</b>   |
| <b>Does the Child receive additional funding?</b>  | <b>Yes</b>           | <b>No</b> | <b>AFN 1 2 3          HLN 1 2 3</b>                      |
| <b>Does the child have a diagnosis? Please provide dates of diagnosis</b>                        | <b>Yes</b>           | <b>No</b> |  |
| <b>Does the child have an EHC Plan?</b>  | <b>Yes</b>           | <b>No</b> | <b>Please provide an up to date copy</b>                 |
| <b>Has the child had any Fixed Term Exclusions? If so how many &amp; how long did they last?</b> | <b>Yes</b>           | <b>No</b> | <b>Please provide a print out of previous exclusions</b> |
| <b>Is the child on a reduced timetable in school? ( Or have been previously?)</b>                | <b>Yes</b>           | <b>No</b> |  |
| <b>What are the interests/strengths of the child?</b>  |                      |           |  |

**On a scale of 0-10 how at risk of permanent exclusion is the child and how challenging is the situation currently?  
(please circle)**

**0 = No immediate concerns around exclusion and generally getting on well**

**10 = imminent risk of exclusion and the most challenging it could be**

**0    1    2    3    4    5    6    7    8    9    10**

**Have you worked through the North Ashfield Graduated Response?**

**Comment on where you are and what has been actioned so far.**

**School Level Support?**

**Family of schools Level Support:** Family Senco aware? Funding use? Springboard advice?

**Other Agency/Professional Involvement and Referrals:** support services?

**What support are you requesting from the Partnership?** Refer to menu of support

**Please ensure that you have attached supporting documents where appropriate:**

(Please tick documents attached)

- Parent Consent Form
- Copy of EHAF
- Print out of exclusion history
- Copy of AFN/HLN bid
- Copy of EHC Plan
- Any other documents that are useful or that support working through the Graduated Response (Eg, SDQ, Behaviour Plan, Boxall Profile etc.)

**Privacy Statement.**

We will only use any personal information you provide to us for the purposes for which you provide it. We will ask for your consent to use it for another purpose unless it is anonymised first or there is a pressing need to use it for another purpose; see 'Disclosure of information' below. [www.nottinghamshire.gov.uk/global-content/privacy](http://www.nottinghamshire.gov.uk/global-content/privacy)

**Please ensure the below parental permission form has been signed and send with this form**



**Parent Consent for Partnership Discussion and Involvement**

**First we would like to know what you think.**

1. On a scale of 0 – 10, how difficult is your child's behaviour at home? (please circle)

0 = No concerns around my child's behaviour and generally getting on well

10 = The most difficult

**0            1            2            3            4            5            6            7            8            9            10**

2. What would you like to see change at home?

3. What do you think will help your child succeed in school?

**Consent – Please read carefully**

I give my consent for school staff to discuss my child within a professionals meeting in order to receive advice from the SBAP.

I have parental responsibility for this child.

Parent Name:

Parent signature:

Parental address:

Contact Number:

Child's name:

School attended:

Date:

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