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| Brent logo |
| **Inclusion Service****Inclusion Assessment and Referral Form****Please return to pupil.referrals@brent.gov.uk****Please note: Outcomes of the panel may include one or more of the following:**-Signposting to another team within the department for support-Referring back to School for more information-Support from the Inclusion Support Team |
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|  **At Risk of Exclusion status** (please tick the most appropriate where 0 means not at risk, 10 meaning serious risk) |

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|  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 [ ]   |

 |
| **1. PUPIL DETAILS** |
| Forename |   | Surname |  |
| Date of birth |   | Gender | Male [ ]   |  | Female [ ]   |   |
| Pupil UPN |   | NC Year |   |
| Ethnicity |   | Nationality |   |
| Religion |   | Pupil Premium | Yes [ ]  No [ ]  | EAL |  [ ]  |
| If EAL is ticked, please specify first language |   | NHS Number |   |
| Known vulnerability factors | CP [ ]  CIN [ ]  LAC [ ]  CSE [ ]  Gangs [ ]  Young Carer [ ]   |
| Diagnosed need | Autism [ ]  ADD [ ]  ADHD [ ]  Aspergers [ ]  | Other…  |
| Health Needs |  | Disability |   |
| EHC Plan [ ]  | SEN Support [ ]  |
| Has an Early Help Assessment (EHA) been made? | Yes [ ]  |  No [ ]  |

**2. PARENT/CARER OR SIGNIFICANT OTHER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact 1 | Contact 2 | Contact 3 |
| Full name |   |   |   |
| Date of birth |   |   |   |
| Parental responsibility |   |   |   |
| Relationship to child |   |   |   |
| Address |   |   |   |
| Email address |   |   |   |
| Telephone number |  |   |   |
| Ethnicity |   |   |   |
| Nationality |   |   |   |
| Religion |   |   |   |
| SEND |   |   |   |
| First language |   |   |   |
| Interpreter required |   |   |   |
| Type of interpreter |  |   |   |

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| --- | --- | --- |
| Name of sibling(s) | School of sibling(s) | Receiving support from other agencies? |
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| **3. SCHOOL DETAILS** |
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| School name |   |
| Address |  |
|   | Postcode |   |
| Telephone number |   | Fax number |   |
| Keyworker name |   | Email address |   |
| Referrer's name |   | Referrer's job title |   |
| Referrer's telephone number |   | Referrer's email  |   |
| **Referral must be discussed with your Brent Inclusion Support Officer prior to being sent.** | Yes [ ]  | No [ ]  |

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| **4. FIXED TERM EXCLUSIONS** (since admission date) |
|   |
| Start date | Number of days | Reason |
|  |  |  |
|  |  |   |
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| **5. ACADEMIC INFORMATION: Please attach the most recent academic report** |
| **6. ATTENDANCE DATA** |
|  |
| Period | Percentage |
| Attendance | Authorised absence | Unauthorised absence |
| Current academic year |  |  |  |
| Last academic year |  |  |  |
| EWO involvement | Yes [ ]  No [ ]  | EWO |   |
|  |
| **7. SCHOOL INTERVENTIONS** (Please provide details of school based interventions that have already been in place and describe the impact and the way it has been measured) |

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| --- | --- |
| School based interventions | Summary of impact |
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| **SUPPORTING EVIDENCE MUST BE PROVIDED:** **Health reports/ consultant report (where relevant), individual support plan, one page profile, pastoral support plans, most recent annual review and latest academic report.** |
|  |
| **8. EXTERNAL SERVICES INVOLVED WITH CHILD OR FAMILY** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name | Role and Agency | Email address | Phone | Who do they support? |
|   |   |   |   |   |
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| **9. CHILD AND PARENT/CARER VIEWS** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Where possible, please capture the views of the child/young person and their parent/carer** |
| Views of the child/young person |
| What is going well? |  |
| What are you concerned about? |   |
| What needs to happen next? |  |
| Views of the parent/carer |
| What is going well? |   |
| What are you concerned about? |   |
| What needs to happen next? |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |
| **10. RISK FACTORS** |
| **Do you have any concerns regarding the following?** |
| Type | Risk level**(High/Medium/Low)** | Evidence and comments | Total incidents (last 6 weeks) | Total incidents (last 12 months) |
|
|
| Violence to adults |   |   |   |   |
| Aggression to peers |   |   |   |   |
| Possession/use of offensive weapon |   |   |   |   |
| Association with gangs |   |   |   |   |
| Bullying |   |   |   |   |
| Substance abuse |   |   |   |   |
| Danger of self-harm |   |   |   |   |
| Impulsive behaviour |   |   |   |   |
| Sexualised behaviour |   |   |   |   |
| Anti-social behaviour |   |   |   |   |
| Arson/vandalism |   |   |   |   |
| Theft |   |  |   |   |
| Parental issues |   |   |   |   |
| Risk of abuse from others |   |   |   |   |
| Risk of neglect from self or others |   |   |   |   |

**11. REFERRAL DETAILS AND SIGNS OF SAFETY ASSESSMENT**

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| Please give details of the following: Nature of concern(s): What makes the problem worse? What intervention has worked? Child's strengths and successes? Parental engagement? Relationship with staff/peers? Significant events within the family, e.g. divorce/bereavement? Health concerns? Risk concerns? Safety concerns? Issues around identity e.g. race, gender, sexuality? |
| What is working well? |   |
| What are you concerned about? |   |
| What needs to happen next? |   |
| What support from the Inclusion Team do you think would be most effective? |   |

**12. WORKING WITH FAMILIES** (if known please indicate if the family meets any of the criteria below) this will be used to help identify families for the Working with Families (WwF) project

|  |  |
| --- | --- |
|  | **Criteria met? (Y/N)** |
| Parent(s)/Carer(s) and/or child(ren) involved in crime or anti-social behaviour |  |
| Child(ren) not attending school regularly |  |
| Child(ren) who need help, are identified as in need, or are subject to a Child Protection Plan, or there is a young carer in the family |  |
| Adult(s) out of work or at risk of financial exclusion, or young people at risk of worklessness or Not in Education, Employment or Training (NEET) |  |
| Family affected by domestic violence and/or abuse |  |
| Parent(s)/Carer(s) and/or child(ren) with a range of health problems |  |
| **13. CONSENT FOR INFORMATION SHARING AND STORAGE** (privacy statement at end of document)**(This section must be read, ticked and signed by the parent/carer)** |  |  |  |  |  |  |  |

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| I understand the information that is recorded on this form will be stored and shared for the purpose of providing services to: |
|  [ ]   Me and/or an infant, child or young person for whom I am a parent/carer |   |
|  |
| I have had the reasons for sharing information explained to me and I understand those reasons. I agree to the sharing of information, other than with those services and/or professionals detailed below: |
|  [ ]  Yes | [ ]  No |   |

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| Information should not be shared with the services and/or professions detailed below: |
|   |
|   |
| Parent/Carer's signature | Name | Date |
|   |   |   |
|   |
| **14. REFERRER'S SIGNATURE** |
| Referrer's signature | Name | Date |
|   |   |   |
|   |
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| **SUPPORTING EVIDENCE MUST BE PROVIDED:** **Health reports, consultant report (if a child is unable to attend school), individual support plan, one page profile, pastoral support plans, most recent annual review and latest academic report.****Please email the completed form to:** **pupil.referrals@brent.gov.uk****Privacy statement:** You are providing your information to Brent Council, Brent Targeted Inclusion Support Services, Children and Young People Department, Brent Council, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ. The Council’s Data Protection Officer can be contacted via dpo@brent.gov.uk, or 020 937 1402.Your information is collected for the purpose of providing you with the support required to assess your needs in education, providing support where needed, and if necessary, securing appropriate alternative provision. Your information will also be used to improve service delivery, assist service improvement plan and review of implementation plan as required to fulfil the council’s duties under Children Act 1989, Education Act 1996, SEN code of practice and other DfE regulations, where appropriate. The information will be shared with other Council services and partnership organisations to ensure that your assessment and support is accurate and that you receive the appropriate and holistic support required. Information will be obtained from other Council services, the Police, Social Care, and Education as appropriate. The information shall be retained for 25 years and shall be processed in adherence to your legal rights, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. You have a right to lodge a complaint with the Information Commissioner’s Office ([www.ico.org.uk](http://www.ico.org.uk)).Further information can be found at <http://www.brent.gov.uk/privacy> |